

REQUEST FOR RESTORATION OF ANNUAL LEAVE - 2020 LEAVE YEAR

EMPLOYEE'S NAME: _____

ORGANIZATION: _____ LAST 4 DIGITS OF SSN: _____

PHONE NUMBER: _____

Please attach WebTA documentation of leave notifications.

TOTAL NUMBER OF ANNUAL LEAVE HOURS REQUESTED FOR RESTORATION. The number of annual leave hours for restoration must agree with the number of hours forfeited.

<input type="text"/>	<u>HR:Min</u>	<u>APPROVAL DATE</u>	<u>HR:Min</u>
APPROVAL DATE	#HOURS	APPROVAL DATE	#HOURS
<u>APPROVAL DATE</u>	<u>HR:Min</u>	<u>APPROVAL DATE</u>	<u>HR:Min</u>
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<u>APPROVAL DATE</u>	<u>HR:Min</u>	<u>APPROVAL DATE</u>	<u>HR:Min</u>
APPROVAL DATE	#HOURS	APPROVAL DATE	#HOURS

BRIEF NARRATIVE JUSTIFICATION EXPLAINING WHY LEAVE COULD NOT BE USED.

(If exigency of public business, please give beginning and ending dates of exigency).

Exigency: (Justification)

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

EXIGENCY APPROVAL OFFICIAL

DATE

Reset Form

(Revised 9/30/2020)