

## REQUEST FOR RESTORATION OF ANNUAL LEAVE - 2021 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.

_____ APPROVAL DATE	_____ #HOURS	_____ APPROVAL DATE	_____ #HOURS
_____ APPROVAL DATE	_____ #HOURS	_____ APPROVAL DATE	_____ #HOURS
_____ APPROVAL DATE	_____ #HOURS	_____ APPROVAL DATE	_____ #HOURS
_____ APPROVAL DATE	_____ #HOURS	_____ APPROVAL DATE	_____ #HOURS
_____ 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