

# APPLICATION FOR RESTORATION OF ANNUAL LEAVE

**INSTRUCTIONS:** This form is to be used for all requests for restoration of annual leave.

3. EMPLOYEE'S NAME ( <i>Last, First, Initial</i> ): _____		4. EMPLOYEE'S SSN: _____	1. YEAR LEAVE WAS FORFEITED: _____
7. POSITION TITLE, SERIES AND GRADE ( <i>i.e., Office Automation Clerk, GS-0326-05</i> ): _____		2. BASIS OF REQUEST ( <i>See reverse for definitions</i> ) <input type="checkbox"/> EXIGENCY OF THE SERVICE <input type="checkbox"/> ILLNESS OR INJURY <input type="checkbox"/> ADMINISTRATIVE ERROR	
9. SECTION, OFFICE, BRANCH, AGENCY, REGION ( <i>i.e., Title Examination Unit, LTRO Section, Branch of Trust Services, Southern Plains Regional Office</i> ): _____		5. HOURS FORFEITED: _____	6. HOURS REQUESTED FOR RESTORATION: _____
10. OFFICE TELEPHONE NUMBER: _____		8. T&A COST STRUCTURE CODE: _____	

11. REASON FOR REQUEST (*Provide specific details on the nature of the exigency or illness and the reasons why leave could not be rescheduled and used; or the nature of the error, the date it was discovered, and a summary reconstruction of the employee's leave record. FOR ADDITIONAL SPACE, ATTACH A STATEMENT TO THIS FORM*).

12. REQUESTING EMPLOYEE	SIGNATURE: _____	DATE: _____
-------------------------	------------------	-------------

**Dates leave was not used because it was disapproved or cancelled. Except for cases of administrative error, provide the following information for each instance of scheduled annual leave that was not used and attach copies of the documents, including the ORIGINAL OPM-71, on which the leave was requested and approved.**

13.	FROM	14.	TO	15. NUMBER OF HOURS	16. DATE OF APPROVAL	17. DATE OF LEAVE CANCELLATION
	DATE	DATE	DATE			
	TIME	TIME	TIME			

23. IMMEDIATE SUPERVISOR	<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL	SIGNATURE AND TITLE: _____	DATE: _____
24. BUREAU HR OFFICER	<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL	SIGNATURE AND TITLE: _____	DATE: _____
25. APPROVING OFFICIAL <i>(See reverse of this form)</i>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE AND TITLE: _____	DATE: _____

**PRIVACY ACT NOTICE:** The information requested on this form is authorized by 5 USC 6311. Its purpose is to support and document requests and approvals of restoration of annual leave. The disclosure of the information is voluntary. Nondisclosure of the information may result in disapproval of the request.

## **APPROVING OFFICIAL**

Deputy Assistant Secretaries, Bureau Directors, or their Deputies may approve the restoration of leave which was forfeited as a result of illness, administrative error, or an exigency to service. If an approving official has a personal interest in the leave restoration decision or might benefit from the decision, the decision shall be made by a higher level authority.

## **CONDITIONS MERITING LEAVE RESTORATION**

**Illness** – Annual leave which was forfeited may be restored when an illness (or other personal health condition for which sick leave was approved) occurs or lasts so late in the leave year that it is impossible for the employee to use scheduled leave. Discretionary surgery or other situation which could have been foreseen and leave scheduled to accommodate it, is not grounds for leave restoration.

**Exigency of the Public Business** – An exigency of the public business may be said to exist when circumstances are beyond the control of the employee(s) affected, and the exigency could not have been reasonably anticipated. A sudden call to jury duty or military duty or a project becoming suddenly visible politically or reaching a critical stage at years end are examples of an exigency of the public business. If other employees can be substituted for those who forfeit leave, an exigency does not exist.

**Administrative Error** – Leave may be restored when it is forfeited as a result of incorrect leave category assignment, an improper determination of creditable service, failure of a supervisor to act timely on a request for leave, or other administrative error.

## **SCHEDULING RESTORED LEAVE**

Annual leave which is restored based on exigency of the service, administrative error, or illness must be credited to a separate account and used no later than the end of the leave year which ends two years after the date the exigency terminated; the leave was restored; or the employee was determined to be fit to return to work, etc. For example, annual leave that was restored in February 1994 has to be used before the 1996 leave year ends.

## **DISTRIBUTION OF THIS FORM**

The form and accompanying documents must be forwarded to the Servicing Human Resources Office. The Human Resources Office will submit the necessary information to the payroll office so that restored hours can be entered into the Personnel/Payroll System.