

REQUEST FOR RESTORATION OF ANNUAL LEAVE

SECTION A - EMPLOYEE INFORMATION	IC: _____
NAME	
TIMEKEEPER NAME & NUMBER	Number of Annual Leave hours to be restored

SECTION B - REASON FOR RESTORATION (SICKNESS, ADMINISTRATIVE ERROR, EXIGENCY OF PUBLIC BUSINESS). IF MORE SPACE IS NEEDED, USE SEPARATE PAGE.

Dates of exigency or sickness: From _____ To _____

SECTION C - APPROVALS

Leave-Approving Official's Signature

Reviewing Official's Signature

Recommend approval: Yes____ No____

Approved _____ Disapproved _____ Date Annual Leave Restored _____*

Date

Supervisor's Signature

*Date restoration of annual leave was approved in correcting an administrative error; or date of exigency ended; or date of recovery from illness.