

**REQUEST FOR RESTORATION OF  
FORFEITED ANNUAL LEAVE**

**Name:** \_\_\_\_\_ **Last 4 SSN:** \_\_\_\_\_

(Please type or print)

**Number of restored hours requested:** \_\_\_\_\_

(Attach copies of OPM-71's for scheduled leave that was disapproved.)

**Check reason for restoration:**

- Sickness** - Scheduled annual leave could not be taken due to sickness.
- Exigency of public business** - scheduled annual leave could not be taken or rescheduled due to urgent and critically important work requirements.
- Administrative Error** - annual leave was forfeited due to documented administrative error.

**Describe circumstances supporting restoration** (e.g., dates that annual leave was originally scheduled, date of sickness, nature/criticality of exigency, nature of administrative error, etc.):

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Recommendation**

- Recommend approval** - The forfeited annual leave meets the requirement for restoration.
- Recommend disapproval** - A statement of the reason(s) is attached.

**Supervisor's Name:** \_\_\_\_\_ **Location** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approving Official's Decision (HRO Use Only)**

- Request approved** - The forfeited annual leave meets the requirement for restoration.
- Request disapproved** - See attached memorandum.

**Approving Official's Name:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Any restored annual leave must be used within two years after the date of restoration or it is again forfeited with no further rights to restoration.