**REQUEST FOR RESTORED LEAVE**

**Employee Name and Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Hours Restored:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Basis for Leave Restoration:**

\_\_\_ Exigency of the Public Business (provide brief explanation of exigency including beginning and end dates)

\_\_\_ Illness or Injury (provide brief explanation of illness/injury including period of incapacitation)

\_\_\_ Administrative Error (provide an explanation of error)

Attach a copy of the documentation showing the leave was requested in writing and approved before the beginning of the third pay period (pay period 23) prior to the end of the leave year.

**Notice to Employee**

1. Restored leave will be kept in a separate account. It has no effect on your normal maximum permissible annual leave carry-over. It must be used as expeditiously as circumstances permit, taking into consideration such factors as the amount of restored leave, need to schedule regular leave, and operational demands.

2. Restored leave must be scheduled and used no later than two years after the end of the leave year in which it was restored.

3. Restored leave unused at the expiration date is again forfeited with no further right to restoration. Should separation occur prior to the expiration of the period in which your leave is to be used, any unused restored annual leave is included in the lump-sum payment.

4. It is your responsibility to notify your timekeeper when your restored leave account is to be charged instead of your regular leave (annual or sick).

**Notice to Supervisor**

1. Leave restoration is not intended to be used on a recurring basis. **Supervisors have an affirmative responsibility to ensure that all employees, even those involved with critical assignments, have an opportunity to use the leave to which they are entitled each year even if the workload has to be redistributed or priorities shifted**. Only under the most unusual circumstances which could not be forecast in advance should an employee be forced to forfeit leave for business reasons.

2. Recurring requests for restoration of annual leave will require an explanation by both the supervisor and the employee regarding attempts to plan and schedule the use of previously restored leave as well as an explanation of attempts to plan and schedule the use of the annual leave that has been forfeited.

**Supervisor Certification and Signature:**

I certify the amount of use or lose leave requested to be restored was available in the employee’s leave account and was unable to be rescheduled before the end of the leave year.

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

**Approving Official:**

I approve/deny (circle one) the request for restoration of leave. If approved, a copy will be forwarded to payroll for processing.

Signature of Approving Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_