

DATE:

SUBJECT: Restoration of Annual Leave for (name of employee)

TO: Roy Wells, Deputy Director HRD  
Human Capital Planning and Development

Teresa Ponte  
Human Resources Specialist, HCPD, HRD

THROUGH: **ERS, CSREES, & NASS:** your Agency Administrator (or as instructed)  
**ARS - fax directly to Roy Wells on 301-504-1493**

FROM: (Supervisor's name and title)

Due to (Select the correct the reason: Public Exigency, Employee Sickness, Administrative Error, Employee Essential in a National Emergency), annual leave was approved for cancellation for (name of employee). I am requesting the approval of restoration of the canceled leave.

Enclosed are printouts of the T&A's for PP-26 and PP-1, copies of leave slips that were submitted prior to \_\_\_\_\_, 20\_\_, and a copy of the approval for cancellation of the leave requesting the leave be restored.

Additional Information:

Employee Name:

Title/Grade:

Social Security Number:

Duty Station Address:

Internet Address:

Dates of leave that was not used: (List all days leave was scheduled and then requesting to be restored.)

Number of hours requested for restoration:

Supervisor's Name:

Supervisor's Phone Number:

Supervisor's Internet Address:

Timekeeper's Name:

Timekeeper's Phone Number:

Timekeeper's Internet Address: