

**AUTHORIZATION FOR RESTORED ANNUAL LEAVE UNDER P.L. 93-181 OR P.L. 94-172**

1. NAME (Last - First - Middle)	2. AGENCY CODE	3. EMPLOYING OFFICE CODE
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4. TOTAL AMOUNT OF ANNUAL LEAVE RESTORED (Hours)	5. SOCIAL SECURITY NO.
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6. RESTORED ANNUAL LEAVE DUE TO (Circle Appropriate Code(s))	7. ACTION CODE (Insert X)																		
<table><thead><tr><th></th><th>NO. OF HOURS</th></tr></thead><tbody><tr><td>PUBLIC EXIGENCY</td><td>1</td></tr><tr><td>SICKNESS</td><td>2</td></tr><tr><td>ADMINISTRATIVE ERROR</td><td>3</td></tr><tr><td>UNWARRANTED-UNJUSTIFIED PERSONNEL ACTION</td><td>4</td></tr><tr><td>BASED ON SF-1150</td><td>5</td></tr></tbody></table>		NO. OF HOURS	PUBLIC EXIGENCY	1	SICKNESS	2	ADMINISTRATIVE ERROR	3	UNWARRANTED-UNJUSTIFIED PERSONNEL ACTION	4	BASED ON SF-1150	5	<table><tr><td>1 -- NEW OR ADDITIONAL</td><td><input type="checkbox"/></td></tr><tr><td>2 -- REPLACEMENT</td><td><input type="checkbox"/></td></tr><tr><td>3 -- DELETE</td><td><input type="checkbox"/></td></tr></table>	1 -- NEW OR ADDITIONAL	<input type="checkbox"/>	2 -- REPLACEMENT	<input type="checkbox"/>	3 -- DELETE	<input type="checkbox"/>
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8. LEAVE TO BE USED		
<table><tr><td>BEGINNING DATE</td><td>ENDING DATE</td></tr></table>	BEGINNING DATE	ENDING DATE
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9. SIGNATURE (Authorizing Official) AND TITLE	10. DATE APPROVED
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