

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

1. NAME <i>(Last - First - Middle)</i>	2. AGENCY CODE	3. EMPLOYING OFFICE CODE
--	----------------	--------------------------

4. TOTAL AMOUNT OF ANNUAL LEAVE RESTORED <i>(Hours)</i>	5. SOCIAL SECURITY NO.
---	------------------------

6. RESTORED ANNUAL LEAVE DUE TO <i>(Circle Appropriate Code(s))</i>  <table data-bbox="138 493 812 703"><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	7. ACTION CODE <i>(Insert X)</i>  1 -- NEW OR ADDITIONAL <input type="checkbox"/> 2 -- REPLACEMENT <input type="checkbox"/> 3 -- DELETE <input type="checkbox"/>
	NO. OF HOURS												
PUBLIC EXIGENCY	1												
SICKNESS	2												
ADMINISTRATIVE ERROR	3												
UNWARRANTED-UNJUSTIFIED PERSONNEL ACTION	4												
BASED ON SF-1150	5												

8. LEAVE TO BE USED	
BEGINNING DATE	ENDING DATE

9. SIGNATURE <i>(Authorizing Official)</i> AND TITLE	10. DATE APPROVED
--	-------------------