

DATE:

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

TO: Ms. Terri Ponte
Leave Restoration Coordinator
REE Pay, Leave, and Employee Records

THROUGH: **ERS, CSREES, & NASS:** your Agency Administrator (or as instructed)
ARS – your Area Director, Division Director in AFM, or other Management
Official reporting directly to the Administrator

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 November 22, 2008, 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: