

# RECORD OF LEAVE DATA

1. Name (Last, First, Middle)				2. Social Security Number				3. (For agency use)							
4. Date and Nature of Separation				5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling)				Yes		No					
				B. Last Date Subject to 5 U.S.C. 6304(B)				C. Annual Leave Balance as of That Date (Hours)							
6. Total Service for Leave (as of Date of Separation)		More than 15 Years		Less Than 15 Years (show)		Years		Months		Days					
<b>SUMMARY OF ANNUAL AND SICK LEAVE</b>						<b>SUMMARY OF HOME LEAVE</b>									
7. Carryover Balance From Prior Leave Year Ending		MO.	DAY	YEAR	HOURS			18. Basic Service Period of 24 Months of Continuous Service Abroad:		MO.	DAY	YEAR			
					Annual	Sick	Restored	Date Started							
								Date Completed							
8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks)								19. Current 12 Months Accrual Period Began on		MO.	DAY	YEAR			
								Hours Absent Without Pay Since That Date							
9. Total															
10. Reduction in Credits, If Any (current year)								20. Current Balance (or accrual) as of		MO.	DAY	YEAR			
11. Total Leave Taken, Current Year Through Date of Separation								Number of Days							
12. Balance															
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)								21. Twelve Months Accrual Date as of Date of Separation							
14. Salary Rate(s) Per Hour:								Number of Days							
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks)			MO.	DAY	YEAR	HOURS		22. Dates Leave Used Prior 24 Months		FROM		TO			
a. Restored		From						MO.	DAY	YEAR	MO.	DAY	YEAR		
		Thru													
b. Annual Leave Above Ceiling		From													
		Thru													
c. Annual Leave Within Ceiling		From													
		Thru													
<b>ABSENCE WITHOUT PAY</b>															
16. During Leave Year in Which Separated				Hours				23. <b>MILITARY LEAVE</b> During Current Calendar Year		FROM		TO			
								A. Regular - Active Duty or Training		MO.	DAY	YEAR	MO.	DAY	YEAR
17. A. Date of Last Equivalent Increase				MO.	DAY	YEAR	B. Special - Civil Disturbance								
B. Total AWOP Hours Since Last Equivalent Increase (except during military service and while in receipt of OWCP payments)				Hours											
24. Remarks (include shore leave information, if applicable):								Balance of Unused Days for Current Fiscal Year (Block 23A)							
<b>Last deduction for:</b> FEHB _____ Amt Code _____  Stand. FEGLI _____ Amt Option A FEGLI _____ Amt Option B FEGLI _____ Amt Option C FEGLI _____ Amt  Deducted Through _____															
25. Certified Correct By: (Signature)						26. Title, Agency, Address, Telephone Number						27. Date			

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		Thru					MO.	DAY	YEAR	MO.	DAY	YEAR	
a. Restored		From											
b. Annual Leave Above Ceiling		From											
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B. Total AWOP Hours Since Last Equivalent Increase (except during military service and while in receipt of OWCP payments)						Hours		B. Special - Civil Disturbance					
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Last deduction for: FEHB _____ Amt													
Code _____													
Stand. FEGLI _____ Amt													
Option A FEGLI _____ Amt													
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