

**NATIONAL INSTITUTES OF HEALTH
OFFICE OF THE DIRECTOR**

REQUEST FOR RESTORATION OF ANNUAL LEAVE

SECTION A - EMPLOYEE INFORMATION

Organization _____

Employee Name _____

Social Security Number _____

Timekeeper Name and Phone Number _____

Number of Hours of Annual Leave
to be Restored _____

Timekeeper Number _____

SECTION B - REASON FOR RESTORATION (illness, administrative error, exigency of public business). Attach separate page, if necessary.

Date(s) of exigency or illness: _____

From _____

To _____

SECTION C - APPROVALS

Leave Approving Official's Signature and Date _____

Administrative Officer's Signature and Date _____

Approving Official's Signature and Date _____

Approved ___ Disapproved ___ _____

Date Annual Leave Restored _____*

* Date restoration of annual leave was approved in correcting an administrative error, date exigency ended or date of recovery from illness.