

APPLICATION TO RESTORE ANNUAL LEAVE

TO BE COMPLETED BY EMPLOYEE:

1. Name _____ Last Four SSN: _____

Department: _____ Telephone: _____ Position _____

2. Dates Leave Requested: _____ Total Hours: _____

Was the leave request submitted prior to 29 Nov 2017? Yes _____ No _____

Reason for Cancellation of Disapproval: (Attach OPM Form 71 and current Leave & Earning Statement)

3. Amount of Leave to be restored: _____(Hours)

(Employee Signature)

(Date)

TO BE COMPLETED BY IMMEDIATE SUPERVISOR AND DEAN/DEPARTMENT HEAD:

4. I have reviewed the attached OPM Form 71 and Leave and Earning Statement, and concur with the employee's request for restoration of annual leave.

(Supervisor Signature)

(Date)

(Dean Department Head Signature)

(Date)

TO BE COMPLETED BY PRESIDENT

5. Request for restoration is APPROVED _____ DISAPPROVED _____

(President Signature)

(Date)