

**Request for Restoration of Forfeited Leave and Public Exigency Determination**

**Part 1: Employee's Request for Restoration of Forfeited Annual Leave:**

Employee Name: \_\_\_\_\_ SSN (last 4 digits only): \_\_\_\_\_

Title, Series, Grade: \_\_\_\_\_

Employing Office: \_\_\_\_\_

# of hours of annual leave forfeited for which restoration is being requested: \_\_\_\_\_

Date annual leave requested (attach copy of SF-71 or other request documentation): \_\_\_\_\_

Date annual leave approved (attach copy of SF-71 or other approval documentation): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature/Date

**Part 2: Supervisor's Statement Regarding Public Exigency, Administrative Error or Illness and Request for Restoration:**

1 - Public Exigency that prevented employee from taking scheduled annual leave, or;

**Select all that apply**

2 - Administrative error that prevented employee from taking scheduled annual leave, or;

3 - Illness that prevented employee from taking scheduled annual leave:

Description of 1, 2 or 3 above:

Date Began: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Efforts made to reschedule/take annual leave prior to end of leave year:

I recommend \_\_\_ approval \_\_\_ disapproval of employee's request for restoration of \_\_\_ hours of annual leave:

\_\_\_\_\_  
Supervisor's Signature/Date

**Part 3: Servicing Human Resources Review**

Date Request Form Received in HR Office: \_\_\_\_\_

Required Documentation Submitted

Required Documentation Not Submitted

\_\_\_\_\_  
Human Resources Specialist Signature and Date

**Part 4: Approval/Disapproval Determination**

Request for restoration:

Approved

Disapproved

\_\_\_\_\_  
Associate/Assistant Director (AD) Signature and Date

**Final Disposition:** After Supervisor/Manager has signed form, return completed form & related documentation to servicing HR Specialist. HR Specialist will retain the original form & documentation in central HR files and will send a copy to IBC Payroll for processing.

October 8, 2020