

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, NIFA, & 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 and copies of leave slips that were submitted prior to November 20, 2011 (or WebTA printouts of leave requests), and a copy of the approval letter for cancellation of the leave.

Additional Information:

Employee Name:

Title/Grade:

Duty Station:

Email Address:

Dates of leave that was not used: (List all days leave was scheduled and then cancelled).

Ending date of the event that precipitated the cancellation of leave:

\*\*\*NOTE: THIS IS A NEW REQUIREMENT)

Number of hours requested for restoration:

Supervisor's Name:

Supervisor's Phone Number:

Supervisor's Email Address:

Timekeeper's Name:

Timekeeper's Phone Number:

Timekeeper's Email Address: