

REQUEST FOR RESTORATION OF ANNUAL LEAVE

See instructions on reverse

A request for restoration of "use or lose" annual leave based on exigency, sickness, or in some cases administrative error may be made only if the leave was originally scheduled prior to the beginning of the third pay period before the end of the leave year.

**SECTION A**

Employee's Name	Social Security No.	Timekeeper No.
This is a case of: <input type="checkbox"/> Exigency (emergency) <input type="checkbox"/> Sickness <input type="checkbox"/> Administrative error	No. of hours of annual leave to be restored	ICD Personnel Officer Initials

**SECTION B (If more space is needed, use separate page. Prepare 4 copies.)**

Attach a copy of a Form SF 71, Application for Leave, or other proof that leave was scheduled in writing in advance. (May not apply to all requests based on administrative error.)  
**In cases of exigency:** Explain why the exigency was of major significance and why this employee was affected by the work requirement created. (This form must be submitted prior to cancellation/denial of the "use or lose" annual leave.)  
**In cases of sickness:** Explain why the annual leave could not be rescheduled before the end of the leave year.  
**In cases of administrative error:** Explain in detail how the administrative error caused the loss of leave.

Dates of exigency or sickness From: _____ To: _____	Leave-approving official's signature	Date
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**SECTION C**

Recommends approval on the basis of:	<input type="checkbox"/> Exigency of public business <input type="checkbox"/> Sickness <input type="checkbox"/> Administrative error	
Reviewing Official	Date	Date

**SECTION D**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	ICD Director	Date
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**SECTION E**

Date annual leave restored: \_\_\_\_\_

**If exigency,** give date of termination of exigency.  
**If sickness,** give date employee is determined to be recovered and able to return to duty.  
**If administrative error,** give date request for restoration was approved.

**SECTION F - To be completed by timekeeper at the end of the leave year**

Actual number of hours to be restored:  (Cannot be more than number of hours requested above.)	Verified by (Signature of timekeeper)	Date
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Instructions:

To Obtain Approval -

1. Leave approving official completes selection A & B and forwards to ICD Personnel Officer.
2. ICD Personnel Officer reviews sections A & B for technical adequacy, initials section A, and forwards to the Recruitment and Employee Benefits Branch (REBB), Building 31, Room B3C-03.
3. REBB completes section C and forwards to ADA through the Director, DPM.
4. ADA reviews request and either approves or disapproves. Returns request to REBB.

If Approved -

1. REBB retains the pink copy and returns the remainder of the request to the ICD Personnel Office.
2. Personnel forwards the NIH 2560 to the employee's timekeeper at the end of the leave year.
3. Timekeeper verifies the amount of use or lose annual leave in section F. Retains the original NIH 2560 and returns the two copies to the Personnel Office.
4. Personnel retains the goldenrod copy and forwards the canary copy to the Disbursing Services Section, Division of Financial Management (DSS, DFM).
5. DSS, DFM forwards to the Division of Pay Systems, DHHS for processing.

If Disapproved -

1. REBB retains the pink copy and returns the remainder of the NIH 2560 to the Personnel Office for distribution to the initiating supervisor.