

## Request For Restoration of Forfeited Leave

**EMPLOYEE INFORMATION:**

Employee Name (please print or type): \_\_\_\_\_

Employee I.D.#: \_\_\_\_\_

Work Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

As of \_\_\_\_\_ I have/will have used all of my accumulated compensatory time, Holiday Deferral, sick, and annual leave and am requesting that \_\_\_\_\_ hours of my forfeited leave be restored to me for use due to:

\_\_\_\_\_  
\_\_\_\_\_

**Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

**NOTE: Certification of Physician/Health Care Provider Must be Attached.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee

**APPOINTING AUTHORITY RECOMMENDATION (check one):**

\_\_\_\_\_ APPROVAL of \_\_\_\_\_ hours of Forfeited Leave for restoration.

\_\_\_\_\_ DISAPPROVAL (State reasons below)

\_\_\_\_\_  
\_\_\_\_\_

Employee is currently eligible for Family Leave: \_\_\_\_\_ Yes \_\_\_\_\_ No

Employee's current balance of Forfeited Leave: \_\_\_\_\_ hours

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appointing Authority

**DIRECTOR, HUMAN RESOURCES:**

\_\_\_\_\_ **Hours of Forfeited Leave is APPROVED:**

**Effective date:** \_\_\_\_\_ **Ending date:** \_\_\_\_\_

**Request is DISAPPROVED (explain)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director, Human Resources

Date Appointing Authority notified: \_\_\_\_\_ by: \_\_\_\_\_ (CHRM Staff)