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**MANAGEMENT**

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**RESTORATION OF FORFEITED ANNUAL LEAVE**

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**PURPOSE** This MAPP provides information on the restoration of forfeited annual leave and the procedures for requesting and using restored annual leave for civilian employees in the Center for Drug Evaluation and Research (CDER).

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**REFERENCES**

- ! FDA Staff Manual Guide 1431.15, Authority to Restore Annual Leave, July 12, 1991.
  - ! FDA Staff Manual Guide 3111.5, Restoration of Forfeited Annual Leave, July 28, 1986.
  - ! HHS Instruction 630-1.G., Restoration of Annual Leave, November 7, 1983.
  - ! HHS Guide for Timekeepers, Chapter 23, Restored Annual Leave, April 1, 1981.
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**DEFINITIONS**

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- ! **Forfeited Annual Leave.** Also referred to as Use or Lose Annual Leave, is annual leave in excess of an employee's maximum carryover balance that will be lost if it is not used before the end of the leave year.
  - ! **Restored Annual Leave.** Forfeited annual leave that is approved for restoration and is carried over to the next leave year.
  - ! **Administrative Error.** An error that is administrative in nature, i.e., a timekeeping error, a payroll error, etc.
  - ! **Exigency of Public Business.** A work situation requiring immediate action or attention, i.e., a special project with a short deadline, an unusually heavy workload, etc.
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**POLICY**

- ! The Center Director delegates approval authority to the Center Executive Officer, Office of Management, to determine conditions that permit restoration of annual leave and to approve/disapprove restored annual leave. The Executive Officer is responsible for reviewing and approving/disapproving each case on its merits.
- ! Generally, annual leave in excess of an employee's maximum carryover balance is forfeited if not used before the end of the leave year. The maximum carryover balance is **240 hours** for most civilian employees and **720 hours** for Senior Executive Service (SES) employees.
- ! Forfeited annual leave may be considered for restoration **only** under one of the following conditions:
  1. To correct an administrative error, when the error causes the loss of annual leave that would otherwise be accruable.
  2. When annual leave is scheduled in writing in advance but its use is subsequently denied due to an exigency of public business. Only the approving official (Center Executive Officer) is authorized to determine if an exigency exists.
  3. When use of scheduled annual leave is prevented by illness or injury, provided the leave was scheduled in writing in advance and its use could not be rescheduled between the termination of illness or injury and the end of the leave year, either as a result of an exigency or because the termination of the illness or injury occurred too late in the leave year to

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permit rescheduling the leave.

- ! In 2. and 3. above, the employee must submit a written request for the use or lose leave prior to the beginning of the third biweekly pay period before the end of the leave year. **Employees cannot have leave restored unless they request annual leave in advance and in writing, even if they suspect that its use will be denied.** If the above requirements are not met, this is not considered an administrative error, and the forfeited annual leave cannot be restored. The only exception is a prolonged illness preceding the end of the leave year where the employee may be presumed to have requested proper scheduling of the annual leave.
  
- ! The leave approving official must approve the employee's request for use or lose annual leave for the time requested by the employee. If the leave cannot be approved for use at the requested time, the leave must be rescheduled for use at some other mutually agreeable time before the end of the leave year.

If an exigency occurs that necessitates cancellation of the employee's approved use or lose annual leave, the Center Executive Officer will determine whether or not an exigency exists of such importance that the employee cannot be released from duty, and if there is any reasonable alternative to the cancellation of the employee's use or lose annual leave. The determination of an exigency must be documented and specific beginning and ending dates must be established **before** the employee's scheduled leave is canceled.
  
- ! If the requirements in the bullet above are not met (i.e., the employee's request for use or lose leave was submitted but not approved or the exigency determination was not made before the employee's leave was canceled), this may be considered an administrative error and the forfeited annual leave may be considered for restoration.
  
- ! If an exigency, illness, or injury that caused cancellation of an employee's use or lose annual leave terminates before the end of the leave year, efforts must be made to reschedule the annual leave before the end of the leave year to avoid forfeiture.
  
- ! An employee wishing to donate his/her use or lose annual leave may participate as a leave donor in the Voluntary Leave Transfer Program. The Voluntary Leave Transfer Program allows an employee to donate various amounts of his/her annual leave, prior to the end of the leave year, to an employee participating in the Program. For further information on the Voluntary Leave Transfer Program, contact the Program Management Services Branch, Division of Management Services.

- ! An employee separating from the federal government with accumulated annual leave, including unused restored leave in a separate account, is paid a lump sum at his/her current hourly rate for all unused annual leave at the time of separation. The lump sum payment may be adjusted to collect the amount of any debt owed to the government.
- ! When an employee transfers to another Agency, unused restored annual leave is transferred in accordance with standard regulatory provisions governing leave transfers.
- ! When an employee separates from the federal government, receives a lump sum annual leave payment, and is then reemployed in the federal government before the end of the period covering the lump sum payment, the regular and restored annual leave is reccredited and the lump sum payment is reimbursed to the government.
- ! Requests for restoration of annual leave should adhere to the following guidelines (see Attachment A for the format of a Request for Restoration of Annual Leave):
  1. A request for restoration of forfeited annual leave **due to administrative error** must include:
    - a. A copy of the Application for Leave (SF-71) or other approved documents identifying the date of the employee's leave request, dates and amount of annual leave scheduled, date of approval, and signature of the leave approving official;
    - b. A copy of the requesting employee's pay statement for the last pay period of the leave year;
    - c. A copy of the requesting employee's Administrative Time and Leave Record (PHS-6382) for the leave year;
    - d. A detailed description and the date(s) of the events which caused the error, and official supporting statements attesting to the events; and
    - e. The amount of leave forfeited for which restoration is being requested.
  2. A request for restoration of forfeited annual leave **due to an exigency of public business** must include:

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- a. A copy of the SF-71 or other approved documents identifying the date of the employee's leave request, dates and amount of annual leave scheduled, date of approval, and signature of the leave approving official. The SF-71 should also be signed and dated when the leave is canceled (see Attachment B);
  - b. A copy of the requesting employee's pay statement for the last pay period of the leave year;
  - c. A copy of the requesting employee's Administrative Time and Leave Record (PHS-6382) for the leave year;
  - d. A complete description of the nature of the exigency;
  - e. The date of determination that an exigency existed (include a copy of the document determining the exigency);
  - f. The beginning and ending dates of the exigency;
  - g. The reason for the determination that the exigency was of such major significance that the employee could not be released from duty during the exigency period;
  - h. The reason that there was no alternative to the cancellation of leave;
  - i. The reason that the employee was affected by the work requirements generated by the exigency;
  - j. If the exigency ended before the end of the leave year, efforts made, if any, to reschedule the cancelled annual leave, including:
    - (I) The date that cancelled leave was rescheduled;
    - (ii) The date(s) on which the leave was rescheduled for use and the amount of leave that was rescheduled; and
    - (iii) The reason all of the cancelled leave was not rescheduled or used.
3. A request for restoration of forfeited annual leave **due to illness or injury** must include:

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- a. A copy of the SF-71 or other approved documents identifying the date of the employee's leave request, dates and amount of annual leave scheduled, date of approval, and signature of the leave approving official;
  - b. A copy of the requesting employee's pay statement for the last pay period of the leave year;
  - c. A copy of the requesting employee's Administrative Time and Leave Record (PHS-6382) for the leave year;
  - d. The beginning date of the illness or injury and the date the employee would be recovered and able to return to duty (include a copy of the medical documentation if available and appropriate);
  - e. The type of leave taken and the number of hours charged;
  - f. If the illness or injury terminated before the end of the leave year, efforts made, if any, to reschedule the cancelled annual leave, including:
    - (i) The date the cancelled leave was rescheduled;
    - (ii) The date(s) on which the leave was rescheduled for use and the amount of leave that was rescheduled; and
    - (iii) The reason all of the cancelled leave was not rescheduled or used.
  - g. If an exigency precluded the rescheduling and use of the cancelled annual leave following the illness or injury, the claim must also include the information required in 2.a. through 2.j. above; and
  - h. Any other factors pertaining to the individual situation that support the action taken.
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## TIME LIMITATIONS

### ! Time Limitations for Requesting the Restoration of Annual Leave

Requests for restoration of annual leave must be submitted for approval to the Executive Officer, Office of Management, **before the end of the first quarter of the leave year following the leave year in which the annual leave was forfeited.** Under very unusual circumstances, i.e., a prolonged illness, furloughs, etc., requests for restoration of annual leave may be submitted after the first quarter but before the end of the leave year following the leave year in which the annual leave was forfeited.

**! Time Limitations for Use of Restored Annual Leave Due to Situations Other Than an Extended Exigency**

1. Restored leave must be used by the end of the leave year of the second year from the date of restoration. For example, if leave is restored on February 11, 2000, the restored leave must be used by the end of the 2002 leave year. The restoration date is determined by:
  - a. The date the annual leave was restored in correcting an administrative error; or
  - b. The date the supervisor, after considering the medical documentation, ascertains that the employee is able to return to duty, if the leave was forfeited because of illness or injury.
2. Restored annual leave can be used at any time during the leave year. It is no longer a requirement that employees use their use or lose annual leave before they use their restored annual leave. As always, the employee must request annual leave on an SF-71 and specify the type of leave he/she intends to use. **The type of leave requested may not be changed once the leave is used.** For instructions on charging restored annual leave, see the HHS Guide for Timekeepers, Chapter 23, Restored Annual Leave.

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**! Time Limitations for Use of Restored Annual Leave Due to an Extended Exigency**

1. The maximum time limit for use of annual leave restored due to an extended exigency is two years for each calendar year, or part thereof, that the exigency existed, regardless of the number of years during the exigency in which the employee forfeited leave. For example, if the extended exigency began on September 11, 2000, and ended on November 18, 2003 (four years), the restored leave would need to be used by the end of the 2011 leave year.
  2. The provisions of paragraph 2. above regarding use of restored annual leave also apply to employees with a restored leave account due to an extended exigency.
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**PROCEDURES**

**!** The **employee**, or any level of management in the employee's organization below the approving official, prepares a memorandum to request the restoration of forfeited annual leave to include the employee's name, social security number, timekeeper number, the number of hours to be restored, and a brief justification (see Attachment A).

**!** The **timekeeper** attaches the leave slip and other supporting documentation to the memorandum, makes a copy of the request, and forwards the original request with supporting documentation to the appropriate Program Specialist/Management Officer.

**!** The **Program Specialist/Management Officer**

1. Reviews the request and supporting documentation for accuracy and completeness and ensures that it is in compliance with Center policy.
2. Makes a copy of the request for his/her files and forwards the original to the approving official (Center Executive Officer) through the employee's supervisory chain for concurrence and approval.

**!** The **approving official**

1. Approves/Disapproves the request based on its merits and forwards the original approved request to the Payroll Liaison Branch in the Division of Accounting, Office of Financial Management, FDA. Disapproved



requests will be returned to the Program Specialist/ Management Officer through the supervisory channels in which received. Original disapproved requests will be filed with the employee's timekeeper.

2. Makes a copy of the approved request for the Office of Management's files and forwards a copy to the Program Specialist/Management Officer and/or the employee's supervisor.

! The **Program Specialist/Management Officer** notifies the employee of the approval/disapproval by forwarding a copy of the signed request to the employee and the employee's timekeeper for their files.

! The **FDA Payroll Liaison Branch**

1. Restores the forfeited annual leave to a separate leave account where it will be available for use in accordance with the TIME LIMITATIONS section above.
2. Forwards a Restored Leave Account Record to the Program Specialist/Management Officer notifying him/her that a separate account for the employee's restored annual leave has been established and a Restored Leave Record (see Attachment C) to be used by the employee's timekeeper.

! The **Program Specialist/Management Officer** makes a copy of the Restored Leave Account Record and Restored Leave Record and forwards the originals to the employee's timekeeper.

! The **timekeeper**

1. Retains all restored annual leave documents with supporting papers until the restored annual leave is used or expires or until the employee separates, whichever is sooner.
2. Records the date(s) that restored annual leave is used by the employee, the amount used, and the balance, and obtains the employee's and the supervisor's initials on the Restored Leave Record. The employee's supervisor is responsible for ensuring that the timekeeper charges approved annual leave and restored annual leave accordingly. Restored leave used is not recorded on the employee's timecard.
3. Once all of the restored annual leave is used, makes a copy of the Restored Leave Record and forwards the original to the Program

Specialist/Management Officer.

- ! The **Program Specialist/Management Officer** reviews the Restored Leave Record for accuracy and completeness, makes a copy for his/her files, and forwards the original to the FDA Payroll Liaison Branch.
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### **APPROVAL AUTHORITY**

The Center Executive Officer, Office of Management, is delegated the authority to determine conditions that permit restoration of annual leave and to approve/disapprove restored annual leave. This authority may not be redelegated.

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### **EFFECTIVE DATE**

This MAPP is effective upon date of publication.

Attachment A

MEMORANDUM

Department of Health and Human Services  
Public Health Service  
Food and Drug Administration  
Center For Drug Evaluation And Research

DATE: (Current Date)

FROM: (Requestor)

SUBJECT: Request for Restoration of Annual Leave

TO: (Approving Official)

THROUGH: (Employee's Supervisors)

Employee's Name:

Employee's Social Security Number:

Employee's Timekeeper Number:

Number of Hours to be Restored:

Justification: (Enter all information required in 1., 2., or 3. in the second paragraph of the PROCEDURES section of this guide, as appropriate.)

(Requestor's Signature)

Date \_\_\_\_\_

(Signature of Approving Official)

Executive Officer, CDER

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date annual leave restored(\*) \_\_\_\_\_

(\* Date annual leave was restored in correcting an administrative error, date exigency terminated, or date of recovery from sickness)

Attachment B

SF71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT

71-112

**APPLICATION FOR LEAVE**

FPM Supple. 990-2, ' 2-9

**INSTRUCTIONS:** Please complete items 1-8 after reading the Privacy Act Statement shown below.

|                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                     |       |                                                                                                      |      |                         |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------|------|-------------------------|--------------|
| 1. Name (Print or type - Last, First, M.I.)                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |       | 2. Employee I.D. Number                                                                              |      |                         |              |
| Doe, Jane                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                     |       | 111-22-3333                                                                                          |      |                         |              |
| 3. Organizational Unit                                                                                                                                                                                                                                                                                                                                                                             |  | 4-A                                                                                                                 | Month | Day                                                                                                  | Hour | A.M.                    | 4-C          |
| FDA/CDER/OM/DMS                                                                                                                                                                                                                                                                                                                                                                                    |  | FROM:                                                                                                               | 12    | 16                                                                                                   | 8:00 | <del>P.M.</del>         | Total Number |
| 5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):                                                                                                                                                                                                                                                                                                                 |  | 4-B                                                                                                                 | Month | Day                                                                                                  | Hour | <del>A.M.</del>         | of Hours     |
| <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)<br><input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)<br><input checked="" type="checkbox"/> Leave Without Pay.<br><input checked="" type="checkbox"/> Compensatory Time.<br><input checked="" type="checkbox"/> Other. (Specify) |  | TO:                                                                                                                 | 12    | 20                                                                                                   | 4:30 | P.M.                    | 40           |
| 6. Remarks:                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |       |                                                                                                      |      |                         |              |
| 7. Employee-s Signature                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                     |       |                                                                                                      |      | 8. Date                 |              |
| Jane Doe                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                     |       |                                                                                                      |      | 11/1/96                 |              |
| <b>OFFICIAL ACTION ON APPLICATION</b>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                     |       |                                                                                                      |      |                         |              |
| <input checked="" type="checkbox"/> Approved                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.) |       | Signature (Annual leave approved may not exceed the amount available for use during the leave year.) |      | Date (Month, Day, Year) |              |
| Judy Smith                                                                                                                                                                                                                                                                                                                                                                                         |  | 12/2/96                                                                                                             |       | Judy Smith                                                                                           |      | 11/4/96                 |              |

NSN 7540-00-753-5067

**RESTORED LEAVE RECORD**

Leave Year \_\_\_\_

|        |                                                                                                                                                                                                             |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART A | Employee Name: _____ SSN: _____<br>Amount of<br>Timekeeper: _____ Leave Restored _____ Date Restored _____<br>Expiration Date for Use of Restored Leave-End of _____ Leave Year.<br><br>Certified By: _____ |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| PART B | Dates Leave Used<br>(From - To) | Hours of Leave<br>Used | Restored<br>Leave Balance | Employee<br>Initials | Supervisor<br>Initials |
|--------|---------------------------------|------------------------|---------------------------|----------------------|------------------------|
|--------|---------------------------------|------------------------|---------------------------|----------------------|------------------------|

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