

OFFICE OF THE ADJUTANT GENERAL

LEAVE RESTORATION FORM

Name: _____ SCEIS Personnel Number: _____

Type of leave transferred: _____

Amount of transferred leave used: _____

Date leave recipient's personal emergency or employment terminated: _____

Amount of transferred leave being restored to the respective pool: _____

Date: _____

***Attach statement describing catastrophic or medical emergency of prolonged period without pay.
Attach physician verification.**