

RECORD OF LEAVE DATA

1. Name (Last, First, Middle)				2. Social Security Number				3. (For agency use)					
4. Date and Nature of Separation				5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling)				Yes		No			
				B. Last Date Subject to 5 U.S.C. 6304(B)				C. Annual Leave Balance as of That Date (Hours)					
6. Total Service for Leave (as of Date of Separation)		More than 15 Years		Less Than 15 Years (show)		Years		Months		Days			
SUMMARY OF ANNUAL AND SICK LEAVE						SUMMARY OF HOME LEAVE							
7. Carryover Balance From Prior Leave Year Ending		MO.	DAY	YEAR	HOURS			18. Basic Service Period of 24 Months of Continuous Service Abroad:		MO.	DAY	YEAR	
					Annual	Sick	Restored	Date Started					
								Date Completed					
8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks)								19. Current 12 Months Accrual Period Began on		MO.	DAY	YEAR	
								Hours Absent Without Pay Since That Date					
9. Total													
10. Reduction in Credits, If Any (current year)								20. Current Balance (or accrual) as of		MO.	DAY	YEAR	
11. Total Leave Taken, Current Year Through Date of Separation								Number of Days					
12. Balance													
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)								21. Twelve Months Accrual Date as of Date of Separation					
14. Salary Rate(s) Per Hour:								Number of Days					
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks)			MO.	DAY	YEAR	HOURS		22. Dates Leave Used Prior 24 Months		FROM		TO	
a. Restored		From						MO.	DAY	YEAR	MO.	DAY	YEAR
b. Annual Leave Above Ceiling		Thru											
c. Annual Leave Within Ceiling		From											
		Thru											
		From											
		Thru											
		From											
		Thru											
ABSENCE WITHOUT PAY													
16. During Leave Year in Which Separated				Hours		23. MILITARY LEAVE During Current Calendar Year		FROM		TO			
						A. Regular - Active Duty or Training		MO.	DAY	YEAR	MO.	DAY	YEAR
17. A. Date of Last Equivalent Increase				MO.	DAY	YEAR	B. Special - Civil Disturbance						
B. Total AWOP Hours Since Last Equivalent Increase (except during military service and while in receipt of OWCP payments)				Hours									
24. Remarks (include shore leave information, if applicable):						Balance of Unused Days for Current Fiscal Year (Block 23A)							
Last deduction for: FEHB _____ Amt Code _____ Stand. FEGLI _____ Amt Option A FEGLI _____ Amt Option B FEGLI _____ Amt Option C FEGLI _____ Amt Deducted Through _____													
25. Certified Correct By: (Signature)						26. Title, Agency, Address, Telephone Number						27. Date	

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