

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: Date Started		MO.	DAY	YEAR	
					Annual	Sick	Restored			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	
9. Total								Hours Absent Without Pay Since That Date					
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								21. Twelve Months Accrual Date as of Date of Separation					
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)								Number of Days					
14. Salary Rate(s) Per Hour:								22. Dates Leave Used Prior 24 Months					
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks)		MO.	DAY	YEAR	HOURS		FROM		TO				
							MO.	DAY	YEAR	MO.	DAY	YEAR	
a. Restored		From											
		Thru											
b. Annual Leave Above Ceiling		From											
		Thru											
c. Annual Leave Within Ceiling		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	Hours		B. Special - Civil Disturbance						
B. Total LWOP Hours Since Last Equivalent Increase (except during military service and while in receipt of OWCP payments)													
24. Remarks (include shore leave information, if applicable):													
25. Certified Correct By: (Signature)						26. Title, Agency, Address, Telephone Number						27. Date	