

# 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) <input type="checkbox"/> Yes <input type="checkbox"/> No				C. Annual Leave Balance as of That Date (Hours)							
6. Total Service for Leave (as of Date of Separation)				B. Last Date Subject to 5 U.S.C. 6304(B)											
<input type="checkbox"/> More than 15 Years <input type="checkbox"/> Less Than 15 Years (show)				Years				Months				Days			
<b>SUMMARY OF ANNUAL AND SICK LEAVE</b>								<b>SUMMARY OF HOME LEAVE</b>							
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					
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							
										Date Completed					
9. Total								Hours Absent Without Pay Since That Date →							
10. Reduction in Credits, If Any (current year)															
11. Total Leave Taken, Current Year Through Date of Separation								20. Current Balance (or accrual) as of							
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:															
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			
		From							MO.	DAY	YEAR	MO.	DAY	YEAR	
a. Restored		Thru													
b. Annual Leave Above Ceiling		From													
c. Annual Leave Within Ceiling		Thru													
		From													
		Thru													
<b>ABSENCE WITHOUT PAY</b>															
16. During Leave Year in Which Separated						Hours	23. <b>MILITARY LEAVE</b> During Current Calendar Year		FROM			TO			
									MO.	DAY	YEAR	MO.	DAY	YEAR	
17. A. Date of Last Equivalent Increase						MO.	DAY	YEAR	A. Regular-Active Duty or Training						
B. Total LWOP Hours Since Last Equivalent increase (except during military service and while in receipt of OWCP payments)						Hours	B. Special-Civil Disturbance								
24. Remarks (include shore leave information, if applicable):															
25. Certified Correct By: (Signature)						26. Title, Agency, Address, Telephone Number						27. Date			