

**OFFICE OF THE ADJUTANT GENERAL**

**LEAVE POOL - LEAVE RESTORATION**

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.**