

<Enter your Letter Head here>

Date

MEMORANDUM FOR HQ USAREUR G1, Civilian Personnel Directorate
ATTN: DCPS Support Office

SUBJECT: Restoration of Sick leave after break in service of more than 3 days

1. Employee Name
2. Employee SSAN
3. Request restoration of ___hours of Sick Leave.
4. Copy of last separation LES (supporting hours from item #3 above)
5. I worked for _____from _____ to _____.
6. I returned to federal service on _____
7. I am currently employed with _____
8. Personnel point of contact _____

I certify this to the best of my knowledge and belief that the information provided is true, correct and made in good faith. I understand that false or fraudulent information would be grounds for the reversal of the restored Sick Leave.

Employee Signature
Title
Phone Number