

FORM AD-582
(5-78)

UNITED STATES DEPARTMENT OF AGRICULTURE
AUTHORIZATION FOR RESTORED ANNUAL LEAVE UNDER P.L. 93-181 OR P.L. 94-172

1. NAME (Last - First - Middle) SMITH, John J.		3. AGENCY CODE XX	4. EMPLOYING OFFICE CODE 4822
4. TOTAL AMOUNT OF ANNUAL LEAVE RESTORED (Hours) 40 Hours		5. SOCIAL SECURITY NO. 5789	
6. RESTORED ANNUAL LEAVE DUE TO: (Circle Appropriate Code[s])		7. ACTION CODE (Insert X)	
PUBLIC EXIGENCY " 40		1 - NEW OR ADDITIONAL <u>X</u>	
SICKNESS 2. _____		2 - REPLACEMENT ____	
ADMINISTRATIVE ERROR 3. _____		3 - DELETE ____	
UNWARRANTED-UNJUSTIFIED 4. _____			
PERSONNEL ACTION 5. _____			
BASED ON SF-1150			
8. LEAVE TO BE USED BEGINNING DATE <u>January 7, 1997</u> ENDING DATE <u>January 2, 1999</u>			
9. SIGNATURE (Authorizing Official) TITLE Deputy Administrator Voluntary Programs			10. DATE APPROVED 01-07-97
ORIGINAL -- NFC			