



Department of Transformation and Shared Services
Office of Personnel Management
Leave Balance Quota Correction Form (IT2013)

Employee Name (Last, First, Middle Initial) Date

Business Area Agency Name Personnel Area Organization Unit Personnel Number

Leave Categories and Codes: Leave may be requested in 15-minute increments only.

<input type="checkbox"/> ANNL - Annual <input style="width: 100px; height: 25px;" type="text"/> <input type="checkbox"/> CATL - Catastrophic Leave <input style="width: 100px; height: 25px;" type="text"/> <input type="checkbox"/> CP10 - Comp at Straight Time <input style="width: 100px; height: 25px;" type="text"/> <input type="checkbox"/> CP15 - Comp at Time and 1/2 <input style="width: 100px; height: 25px;" type="text"/> <input type="checkbox"/> DSTR - Disaster <input style="width: 100px; height: 25px;" type="text"/> <input type="checkbox"/> FML - Family Medical Leave <input style="width: 100px; height: 25px;" type="text"/> <input type="checkbox"/> MILV - Military Leave <input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/> SICK - Sick <input style="width: 100px; height: 25px;" type="text"/> <input type="checkbox"/> HLDY - Holiday <input style="width: 100px; height: 25px;" type="text"/> Specify <input style="width: 300px; height: 25px;" type="text"/> <input type="checkbox"/> EMBD - Employee Birthday <input style="width: 100px; height: 25px;" type="text"/> <input type="checkbox"/> OTHER <input style="width: 100px; height: 25px;" type="text"/> Specify <input style="width: 300px; height: 25px;" type="text"/>
--	--

Reason for Correction: *(Attach necessary documentation)*

Employee Signature Date

Comments:

Authorization:

<input type="checkbox"/> Approved	Employee Signature	Date
<input type="checkbox"/> Denied	<input style="width: 480px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
<input type="checkbox"/> Approved	Supervisor Signature	Date
<input type="checkbox"/> Denied	<input style="width: 480px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
	Data Entered By	Date
	<input style="width: 480px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>