



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

Employee Name (Last, First, Middle Initial)	Date
<input type="text"/>	<input type="text"/>

Business Area	Agency Name	Personnel Area	Organization Unit	Personnel Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Reason for Correction: *(Attach necessary documentation)*

Employee Signature	Date
<input type="text"/>	<input type="text"/>

Comments:

Authorization:

<input type="checkbox"/> Approved	Employee Signature	Date
<input type="checkbox"/> Denied	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Approved	Supervisor Signature	Date
<input type="checkbox"/> Denied	<input type="text"/>	<input type="text"/>
	Data Entered By	Date
	<input type="text"/>	<input type="text"/>