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.

☐ **ANNL -** Annual

☐ **CATL -** Catastrophic Leave

☐ **CP10** - Comp at Straight Time

☐ **CP15 -** Comp at Time and 1/2

☐ **DSTR -** Disaster

☐ **FML -** Family Medical Leave

☐ **MILV -** Military Leave

☐ **SICK -** Sick

☐ **HLDY -** Holiday

Specify

☐ **EMBD -** Employee Birthday

☐ **OTHER**

Specify

Reason for Correction: *(Attach necessary documentation)*

Employee Signature

Date

Comments:

Authorization:

☐ Approved
☐ Denied

Employee Signature

Date

☐ Approved
☐ Denied

Supervisor Signature

Date

Data Entered By

Date