



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
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

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

<input type="checkbox"/> <b>ANNL</b> - Annual	<input style="width: 100%; height: 30px;" type="text"/>	<input type="checkbox"/> <b>SICK</b> - Sick	<input style="width: 100%; height: 30px;" type="text"/>
<input type="checkbox"/> <b>CATL</b> - Catastrophic Leave	<input style="width: 100%; height: 30px;" type="text"/>	<input type="checkbox"/> <b>HLDY</b> - Holiday	<input style="width: 100%; height: 30px;" type="text"/>
<input type="checkbox"/> <b>CP10</b> - Comp at Straight Time	<input style="width: 100%; height: 30px;" type="text"/>	Specify <input style="width: 100%; height: 30px;" type="text"/>	
<input type="checkbox"/> <b>CP15</b> - Comp at Time and 1/2	<input style="width: 100%; height: 30px;" type="text"/>	<input type="checkbox"/> <b>EMBD</b> - Employee Birthday	<input style="width: 100%; height: 30px;" type="text"/>
<input type="checkbox"/> <b>DSTR</b> - Disaster	<input style="width: 100%; height: 30px;" type="text"/>	<input type="checkbox"/> <b>OTHER</b>	<input style="width: 100%; height: 30px;" type="text"/>
<input type="checkbox"/> <b>FML</b> - Family Medical Leave	<input style="width: 100%; height: 30px;" type="text"/>	Specify <input style="width: 100%; height: 30px;" type="text"/>	
<input type="checkbox"/> <b>MILV</b> - Military Leave	<input style="width: 100%; height: 30px;" 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: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
<input type="checkbox"/> Approved	Supervisor Signature	Date
<input type="checkbox"/> Denied	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
	Data Entered By	Date
	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>