



TIME OFF/CORRECTION REQUEST

PA 1611A / 11-16

TO: Supervisor DATE: _____
 FROM: _____ SQUAD _____
 (Employee's Name) (Employee's Number) :

| CHARGE TIME TO | DATE | TOUR | CHARGE TIME TO | DATE | TOUR |
|---------------------------------------|------|------|-------------------------------------|------|--------|
| <input type="checkbox"/> Vacation | | | <input type="checkbox"/> Comp. Time | | |
| <input type="checkbox"/> Excused Time | | | 1 st Choice | | |
| <input type="checkbox"/> Mutual With | | | 2 nd Choice | | |
| Name | | | 3 rd Choice | | |
| Squad | | | List Present Comp. Time Bal. | | Hours. |

Reason for request: _____
 Your request for time off on _____ Has been: Approved Rejected
 _____ (Supervisor's Signature) _____ (Date)

| Balance Error: | Pay Period No. | Should Be |
|-----------------------------------|----------------|-----------|
| Vacation Balance Error: | _____ | _____ |
| Personal Leave Day Balance Error: | _____ | _____ |
| Comp. Time Balance Error: | _____ | _____ |
| Sick Time Balance Error: | _____ | _____ |
| IOD Balance Error: | _____ | _____ |

Conversions:
 Comp. Time Into PLD's PP # _____ Hours: _____ Days: _____
 PLD's Into Comp. Time: PP# _____ Days: _____ Hours: _____
 Vacation to Cash: PP# _____ Days: _____
 Comp. Time Cash In: PP# _____ Hours: _____

PAYROLL CORRECTIONS
 (Check Appropriate Boxes)

| Pay Period # | Year: | Pay Period # | Year: |
|---|-------|---|-------|
| OZ <input type="checkbox"/> HPE <input type="checkbox"/> PCAPOT <input type="checkbox"/> | _____ | OZ <input type="checkbox"/> HPE <input type="checkbox"/> PCAPOT <input type="checkbox"/> | _____ |
| S.D. <input type="checkbox"/> LRP <input type="checkbox"/> TRAVEL TIME <input type="checkbox"/> | _____ | S.D. <input type="checkbox"/> LRP <input type="checkbox"/> TRAVEL TIME <input type="checkbox"/> | _____ |
| SCP <input type="checkbox"/> OVERTIME <input type="checkbox"/> OTHER <input type="checkbox"/> | _____ | SCP <input type="checkbox"/> OVERTIME <input type="checkbox"/> | _____ |
| PTA <input type="checkbox"/> PCAP <input type="checkbox"/> | _____ | PTA <input type="checkbox"/> PCAP <input type="checkbox"/> | _____ |

REMARKS

 (Employee's Signature) (Date) (Supervisor's Signature) (Date)