

**COUNTY OF MARIN PAYROLL SYSTEM  
REQUEST FORM  
QUOTA CORRECTIONS**

DATE: \_\_\_\_\_

PERSONNEL AREA NAME _____	PERSONNEL AREA CODE <input style="width:100%;" type="text"/>
NAME _____	Personnel # <input style="width:100%;" type="text"/>
START DATE _____	

**QUOTA CORRECTION INFORMATION**

CHANGE ACCRUAL ENTITLEMENT (*CHECK THE BOX*)

<u>ABSENCE QUOTA TYPE</u>	NO. OF HOUR	INCREASE	REDUCE
01 COMP TIME	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
02 FLOATING HOLIDAY	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
03 VACATION	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
04 SICK	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
10 PERSONAL LEAVE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
20 HOLIDAY BANKED	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
30 MANAGEMENT LEAVE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

**\* Record Fractions of the Hour In Tenths**

<b>REASON FOR CHANGE</b>	
APPROVED BY: _____	DATE: _____
(Authorized Department Signature)	