Correction Form

Conroe Independent School District

For all requests a copy of the original "Absence From Duty" or copy of the original Supplemental form must be attached

Today's date

MM	DD	YYYY

Employee ID number	Last name	First name	Campus/Department

Change requested:

Substitute pay correction:

Employee ID number	Last name	First name	Sign	Amount	Fund	Func.	S/O	Org.	Extended Code	Object
										61
										61
										61

Identify a negative adjustment by placing a minus in the "sign" column.

Supplemental pay correction:

Employee ID number	Last name	First name	Sign	Amount	Fund	Func.	S/O	Org.	Extended Code	Object
										61
										61
										61

Identify a negative adjustment by placing a minus in the "sign" column.

For Payroll use only:

Date of adjustment _____

Type of adjustment made: _____

	106	103	104	105	108	109
Previous balance						
Change made						
New balance						

_____

Employee signature *(red ink only)*

_____

Signature of principal / program director *(red ink only)*

CISD-309 (3/30)