

Exempt

Date
Month Day Year

Campus _____



CONROE
INDEPENDENT SCHOOL DISTRICT
Committed to Excellence

Supplemental/Gross Pay Adjustments

For teachers and professionals only

Employee Identification Number

Last Name

Initials

Sign	Amount	Fund	Func.	S/O	Org.	Extended Code	Object
_____	_____.	_____	_____	_____	_____	_____	6 1

Note: Signify negative adjustments with a minus sign in the “sign” column, otherwise leave blank.

Director/Principal Signature *(red ink only)*

Title