Leave Correction Form

Conroe Independent School District

Today's date

MM DD YYYY

Employee ID number	Last name	First name	Campus/Department

Absence Date:	Full/Half Day:	Original Type of Leave:	New Leave Election:

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)