

Payroll Redistribution Form

Conroe Independent School District

Today's Date

Month Day Year

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Complete form and send to:

Human Resources - Position Control
 Sharla Sundin
 Email: ssundin@conroeisd.net

Campus/Department

Date of Transaction	EIN	Employee/Substitute Name

Amount to be credited (from)					
Fund	Function	Sub Object	Org	Program	Object
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Amount of Correction

Amount to be charged (to)					
Fund	Function	Sub Object	Org	Program	Object
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Reason for Request

<hr/> <p>Signature of Principal/Program Director</p>	<p>Contact Name and Number:</p> <hr/> <hr/>
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Questions related to completing this form should be directed to your campus/department payroll contact.