

Payroll Discrepancy Form				
Work Site:			Date:	
Employee Name:			Employee ID:	
Date of Incorrect Paycheck(s):				
Detailed Explanation (MUST INC	LUDE DATES, H	OURS, AMOUNTS)		
SUPERVISOR: Send this comple	tad form with I	Employoos timosha	oot(s) / nov stub for the	poriod listed above
SOPERVISOR. Send this comple	tea form with i	imployees timesne	et(s)/ pay stub for the p	ierioù listeu above.
Employee Signature:				
Supervisor Signature:				
(required)				
	WK1	WK2	Correction:	
Other				
Other			Date F	Paid:
			P/R Init	ials:
Example:				
"Missing 5 hours on pay stub for "Missing 8 hours of vacation pay.				
wissing o nodis of vacation pay.	-OR-	out, vacation requi	ist off rebradity 15	
"Pay increase effective 7/21/18 b" "Having Detroit taxes taken out v		-		- <i>,,</i> )