



PAYROLL DISCREPANCY FORM

Employee Name: _____ Date: _____
(As shown on JR3)

Position: _____ Supervisor Name: _____

Payroll Month Ending: _____

Payroll discrepancies beyond 30 days will not be considered.

Note: Employees should use this form for their payroll discrepancies. It will help the Payroll Department resolve employee issues more efficiently. Attach copies of supporting documents. Payroll will contact the employee within 5 business days with answers after proper research and solution is found. *If missing pay for a day or more, it will fall under **Priority**. If any questions, please call Patricia Diaz at extension 1163.*

Please mark the box for the area in which the discrepancy was found:

Reg. Hours	<input type="checkbox"/>	Leave	<input type="checkbox"/>
Overtime	<input type="checkbox"/>	Prof. Leave	<input type="checkbox"/>
Extra Duty	<input type="checkbox"/>	Vacation	<input type="checkbox"/>
Supplemental	<input type="checkbox"/>	Other	<input type="checkbox"/>

Comments: _____

Employee Signature: _____ (Print Document and Sign)

Manager/Supervisor Signature: _____

For Payroll Dept. Use Only:

Date Received: _____ Appointment Date: _____ Date Resolved: _____

Results/Action Taken: _____

Accounting Associate Signature: _____