



Payroll Discrepancy Form

Employee's Name _____

Discrepancy Details

Pay Period _____ / ____ / _____ / ____ / _____ / ____ / _____
Beginning Date Ending Date Check Date

Explain Discrepancy Below:

Date	Client's Name	Hours Missing

Employee's Signature _____

This form along with a copy of the paystub that reflects the discrepancy must be submitted to the office for review. Please allow at least 48 hours from the time of submission for a response. Any adjustments will be included in the next payroll check.

Administrative Use Only

Adjustments Needed: YES NO ***Findings Below***

Supervisor's Signature _____

Date _____

Attachment: Corresponding Time Sheet and Paystub