

PAYROLL DISCREPANCY FORM

NAME OF EMPLOYEE _____

TITLE _____

SOCIAL SECURITY NO. _____

COURT _____

Upon receiving my paycheck/timesheet dated _____ I noted the following discrepancy:

REGULAR SALARY OVERTIME PAY/ASSIGNMENT DIFF. SALARY ADJUSTMENT

HEALTH INSURANCE TIME AND LEAVE OTHER _____

Please explain in full giving all details of payroll discrepancy. If necessary continue explanation on back of sheet.

Employee Signature _____

Date _____

ALL DISCREPANCIES WILL BE ANSWERED IN WRITING
DO NOT WRITE BELOW THIS LINE

RESPONSE

Signature _____

Date _____