PAYROLL DISCREPANCY FORM

NAME OF EMPLOYEE	, - 	TITLE	
SOCIAL SECURITY NO.		COURT	
Upon receiving my paycheck/timesheet following discrepancy:	t dated		I noted the
REGULAR SALARY	OVERTIME PAY/ASSIGNM	MENT DIFF.	SALARY ADJUSTMENT
HEALTH INSURANCE	TIME AND LEAVE \Box	OTHER	
Please explain in full giving all details			,
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Manager and the second			
Employee Signature	2	Date	
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		Million and the second	
Signature		Date	