



Payroll Discrepancy Form

Employee's Name _____

Pay Period : Beginning Date ____/____/____

Ending Date ____/____/____

Check Date ____/____/____

Client _____

Hours Missing _____

Explain Discrepancy Below

Employee's Signature: _____ Date _____

This form along with a copy of the time sheet 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.

Administrative Use Only

Adjustments Needed ____ Yes ____ NO "Findings Below"

Administrator's Signature _____ Date _____