

Paycheck Discrepancy Form

EMPLOYEE NAME:	POSITION:	DATE:
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Type of Discrepancy: Missing Hours Paid at Wrong Rate Lost Paycheck Did not receive Check

**** PLEASE ATTACH A COPY OF CHECK RECEIVED AND APPROPRIATE TIME SHEET. ONLY FILL OUT RELEVANT PARTS BELOW:**

Missing hours or shifts correction:

Rate of Pay: \$ _____ /Hour

Number of hours worked:	
Number of hours ON CHECK:	
Number of hours MISSING ON CHECK:	

Rate of Pay Change/ Correction:

Rate of pay on check:	
Correct Rate of Pay:	
Facility you worked:	
Date(s) you worked:	
Name of staff who booked you:	

Indicate below shifts that needs to be corrected:

	MON	TUE	WED	THU	FRI	SAT	SUN
DATE							
Facility:							
Clock-in:							
Lunch-out:							
Lunch-in:							
Clock-out:							
TOTAL:							
	MON	TUE	WED	THU	FRI	SAT	SUN
DATE							
Facility:							
Clock-in:							
Lunch-out:							
Lunch-in:							
Clock-out:							
TOTAL:							

Comments:

Employee Signature: _____ **Date:** _____

Internal Use Only:

Approved Not Approved **Request Type:** Priority Next Payroll **Signature:** _____