



PAYROLL CORRECTION FORM

Employee Name:	Employee Number:
Employee Department:	Date:

Employment Status (Please tick the appropriate box)

- Full Time Part Time Casual

Inquiry Type

Please select one or more options below:

- | | |
|--|--|
| <input type="checkbox"/> Overpayment | <input type="checkbox"/> Overtime not paid |
| <input type="checkbox"/> Sick Leave not paid | <input type="checkbox"/> Annual leave not paid |
| <input type="checkbox"/> Short paid hours worked | <input type="checkbox"/> Not paid Public Holiday |
| <input type="checkbox"/> Higher duties not paid | <input type="checkbox"/> Shift not paid |
| <input type="checkbox"/> Allowance not paid | |
| <input type="checkbox"/> Other | |

Please provide a detailed description of inquiry/variance (include dates, hours, times etc.)

Pay date for Inquiry ___/___/___

Please attach your payslip and roster for the relevant period.

Manager Approval

Name

Signature _____ **Date** _____

****Please note all corrections will be paid in the next pay run.***

PAYROLL TO COMPLETE

Adjustment made:	
Date paid	

Signature _____