

PAYROLL CORRECTION FORM

Name: _____

Employee #: _____

If you suspect that an error has occurred on your payroll check, you must complete this form as soon as possible and forward it to the Front Desk. VERBAL INQUIRIES WILL NOT BE ACCEPTED. Have the form date stamped and SIGNED BY YOUR SUPERVISOR. The correction process should be completed within three working days of the date stamped on the form, otherwise you will be notified of the estimate time the process will take.

PAYROLL CORRECTION

Phone number where we can contact you if needed: _____

Today's date: _____

Payroll date(s) in question: _____

(Example: 4/16 & 4/18 enter hours worked below)

Number of hours in question: _____

Program(s): _____

(Example: 16)

Date	Show Actual Hours Worked (Example: 9am-5pm)	Total Number of Hours (Example: 8)

Please explain why you feel the error was made: _____

(Example: I forgot to clock in/out and forgot to tell my supervisor)

☐ Please adjust my next payroll check to reflect this correction.

(Next payroll to be ran, mid-month or end of the month)

☐ Please issue me a check that reflects this correction (if applicable).

Employee signature: _____

Date: _____

Supervisor signature: _____

Date: _____

FOR USE BY THE HUMAN RESOURCES DEPARTMENT

Payroll Discoveries & Outcomes: _____

Amount of Error: _____

Please Indicate if Any Follow Up is Required: _____

Signature of Human Resources Staff Completing Correction

Date

cc: Personnel File