



# Payroll Discrepancy Form

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Unit: \_\_\_\_\_ Manager: \_\_\_\_\_

Pay Period #: \_\_\_\_\_ Pay Period Dates: \_\_\_\_\_

**EMPLOYEE TO COMPLETE:**

*Accurately describe discrepancy including dates (please be specific):*

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PLEASE SUBMIT FORM TO YOUR PAYROLL/SCHEDULING OFFICE

***The Discrepancy will be processed in the next biweekly pay period.***

**PAYROLL CLERK TO COMPLETE:**

*Please provide comments about review of above/corrective action taken and when completed:*

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**Payroll Use Only:**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Results returned to employee