

Payroll Discrepancy Form

Fax form to (951) 346-9091

Date: _____ Employee's Name: _____

Social Security Number: _____

Dates of Payroll Period in which there is a discrepancy:
Pay Period From _____ to _____

Number of hours paid: _____

Number of hours over or short: _____

Describe discrepancy and/or Comment(s):

Employee Signature

Date