Payroll correction form

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 HR department. Verbal Inquiries Will Not Be Accepted. Have the form date stamped and signed by your supervisor. The correction process should be completed within [TIME] of the [DATE] stamped on the form, otherwise you will be notified of the estimate time the process will take.

|  |  |
| --- | --- |
| Employee Name  Employee Number  [Email]  [Telephone] | Department: [TIME]  Salary Period: [Date], [time from-to] |

Payroll CorRection

48

43

|  |  |  |
| --- | --- | --- |
| Number of hours worked | Mentioned | Need Correction |

|  |  |  |
| --- | --- | --- |
| Date | Mentioned No. of hours | Actual No. of hours |
| 12/5/17 | 7 | 8 |
| 17/5/17 | 7 | 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. Please issue me a check that reflects this correction (if applicable). | | |
| Employee signature |  | Date |
| Supervisor signature |  | Date |