**Wage/Salary Dispute Form**

**Purpose:** This form allows employees to report concerns regarding incorrect wages, missing payments, overtime discrepancies, deductions, or other salary-related issues.

**1. Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Employee ID:** |  | **Department:** |  |
| **Position/Job Title:** |  | **Contact Number:** |  |
| **Email Address:** |  | | |

**2. Pay Period Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pay Period Start Date:** |  | **Pay Period End Date:** |  |
| **Date Issue Noticed:** |  | | |

**3. Type of Wage/Salary Issue *(Check all that apply)***

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Incorrect basic salary | ☐ Missing hours/overtime not added | ☐ Incorrect overtime rate | ☐ Unauthorized deductions |
| ☐ Delayed payment | ☐ Salary not received | ☐ Allowance not included (e.g., transport, meals, etc.) | ☐ Bonus/commission discrepancy |
| ☐ Wrong tax/insurance deductions | ☐ Other: |  |  |

**4. Details of the Dispute**

**Please describe the issue clearly:**

|  |
| --- |
|  |
|  |
|  |

**Amount in Dispute (if known):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supporting Documents Attached:**  
☐ Timesheets  
☐ Payslip copies  
☐ Attendance records  
☐ Contracts/agreements  
☐ Emails/communication  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Employee Statement**

I hereby submit this wage/salary dispute for review and confirm that the information provided is accurate to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. For HR/Payroll Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By:** |  | **Date Received:** |  |
| **Case Reference No.:** |  |  |  |

**Review Findings**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Error verified | ☐ No error found | ☐ Additional documents required | ☐ Under investigation |

**Summary of Findings:**

|  |
| --- |
|  |
|  |
|  |

**Corrective Action (If Applicable)**

☐ Adjustment in next payroll  
☐ Immediate salary correction  
☐ Reversal of deductions  
☐ No action required  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR/Payroll Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_