Payroll Discrepancy Form

| Your Name: | | | Employee ID: | | Today's Date: | |
| Reason for Discrepancy: | | | | | Date of check: | |

What you were paid

Store #	City	State	Project	Customer	Date	Hours Worked	Project Rate	Wage Total	Total Miles Driven	Travel Pay	Total Pay (Wage + Travel)	This should be the amount of the total discrep-ancy.
example	*example*		*example*	*example*	5/7	10	$10.00	$100.00	50	$18.75	$81.25	
					Totals:							

What you should have been paid

Store #	City	State	Project	Customer	Date	Hours Worked	Project Rate	Wage Total	Total Miles Driven	Travel Pay	Total Pay (Wage + Travel)	Difference from paid amount
example	*example*		*example*	*example*	5/7	10	$12.00	$120.00	50	$18.75	$101.25	$20.00
					Totals:							

In order for the discrepancy to be processed, you must include the Weekly Timesheets that are in dispute. If the timesheets are not included, this discrepancy will not be processed. Please contact the Scheduler for the mis-paid job for instructions on submitting this form

| Your signature: | | Date: | |
| Management Approval: | | Date: | |