

Pay Problem Request Form

Please fill out and return it by fax (312) 819-2453 or give it to your Manager/Supervisor. Form is due within 3 business days after payroll. If a discrepancy is found, it will be corrected in 1-2 payrolls after submission as a Pay Problem entry.

Employee Name: _____ **Pin #:** _____

Payroll Pay Period: _____ **Payroll Check Date:** _____

Nature of the problem: _____

Include all hours worked in all buildings per day.

First Week

Date							
Day	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
Bldg #:							
Bldg #:							
Bldg #:							
Bldg #:							
Total Hours							

Second Week

Date							
Day	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
Bldg #:							
Bldg #:							
Bldg #:							
Bldg #:							
Total Hours							

OFFICE USE ONLY:

No Pay Discrepancy Reviewed by: _____ Date: _____

Pay Discrepancy Hours Difference: _____ Pay Difference: _____

Reviewed by: _____ Date: _____