



### PAYROLL DISPUTE FORM

*Please fill out the following information and forward to your supervisor.*

Employee: \_\_\_\_\_  
Please Print

Today's Date: \_\_\_\_\_

Pay Period: \_\_\_\_\_

Pay Date: \_\_\_\_\_

Description of Issue (Attach Appropriate Documentation)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP Signature

\_\_\_\_\_  
Date

Payroll Use Only
<b>Date Corrected:</b>