Notice of Pay Correction Form

Employee Name _____
Last First MI

Address
_____
_____

Phone _____

Job Title/Position _____

Pay Problem: (Check one and explain below)

____ Pay Shortage ____ Paycheck Late ____ Late Termination Check

____ Other

Problem occurred in the pay period ending: _____

Explanation of Problem:
_____
_____
_____
_____

_____ _____
Employee Signature Date

_____ _____
Employer/Supervisor Signature Date

Employer/ Supervisor Response/Action: (To be completed by Payroll Supervisor/ Employer)

_____
_____
_____
_____

_____ _____
Authorized Signature Date

_____
Printed Name