



PAYROLL DISCREPANCY FORM

To: USD 372 Silver Lake Payroll Dept, District Office

Employee Name: _____ Date: _____

Position: _____ Supervisor Name: _____

Payroll Month Ending: _____

Note: Employees should use this form for their payroll discrepancies. It will help the Payroll Department resolve employee issues more efficiently. Attach copies of supporting documents. Payroll will contact the employee within 5 business days with answers after proper research and solution is found. If missing pay for a day or more, it will fall under **Priority**. If any questions, please call Lori Campbell at extension 4902.

Please mark the box for the area in which discrepancy was found:

Reg. Hours	<input type="checkbox"/>	Leave	<input type="checkbox"/>
Overtime	<input type="checkbox"/>	Prof. Leave	<input type="checkbox"/>
Extra Duty	<input type="checkbox"/>	Vacation	<input type="checkbox"/>
Supplemental	<input type="checkbox"/>	Other	<input type="checkbox"/>

Comments: _____

Employee Signature: _____

For Payroll Dept. Use Only:

Date Received: _____ Date Resolved: _____

Results/Action Taken: _____

Payroll Clerk Signature: _____

Superintendent Signature: _____ Date: _____