



PAYROLL INQUIRY FORM

For Payroll Use Only
Reference #: _____

Print Full Name: _____ CDU I.D. #: _____

Today's Date: _____ Department Name: _____

Pay Period Ending: _____ Specific Date(s) In Question: _____

Nature of Complaint: No Check Partial Check Unpaid Hrs./Salary Retro Unpaid Overtime

Unpaid Sick Time Unpaid Vacation Time Unpaid Personal Time Request for PTO Balance

Garnishments Direct Deposit Benefit Deductions W2s Other (Specify Below)

Please give a detailed description of inquiry (*Attach all documentation to support payroll discrepancy*):

I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge:

Signature of Employee: _____ Phone #: _____

Print Supervisor Name: _____ Phone #: _____

FOR HR and PAYROLL USE ONLY

Action taken: Date Received by CHRO: _____

AVP/CHRO Initial: _____ To: _____

No Check: Process the **same day**.
(if submitted before 2:00 pm, otherwise 1 business day)

Reflect process by date: _____

Payroll Error: Process **within 24 hours**
(1 business day)

Reflect process by date: _____

Retro: (Min. 2 weeks depending on retro begin date)

Reflect process by date: _____

Correction: Paycheck missing \$50 or 10% of wages (whichever is more), process correction **within 24 hours** (1 business day). Otherwise, correction will be processed the next pay period.

Reflect process by date: _____

No Payroll Correction Needed—No Check Processed.

Other: (72 hour response)

Reflect process by date: _____

Amount of Check \$: _____ **Explanation Required:** _____

Date Form Processed: _____ **Date Employee Contacted:** _____ **HR/Payroll Sign:** _____

Attach all documentation to support Payroll corrections.