The Institute for Family Enrichment
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REVIEW OF PAYROLL DISCREPENCY

TO: PAYROLL/BILLING DEPARTMENT

FROM: _____
(Last Name, First Name)

DATE: _____

PAYROLL DISCREPENCY INFORMATION

PAY PERIOD OF THE DISCREPENCY:_____

TIMESHEET DATE(S) OF THE DISCREPENCY:_____

WHAT IS THE DISCREPENCY (PLEASE PROVIDE ALL DETAILS):

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PLEASE ATTACH ANY PERTINENT DOCUMENT(S) (EX. TIMESHEETS, PROGRESS NOTES, ETC.) WHICH RELATES TO THE PAY DISCREPENCY.