

PAYROLL DISCREPANCY FORM

If you suspect that an error has occurred on your payroll check, you must complete this form and email to the Payroll Division of the Finance Department at payroll@ccgov.org. **VERBAL INQUIRES WILL NOT BE ACCEPTED.** Your supervisor must sign the form.

Employee Name: _____ Employee I.D. # _____

Department: _____ Check Date: _____

Please explain why you feel an error was made: _____

Any errors associated with base pay will be processed and paid via direct deposit. If an employee is not setup for direct deposit, Finance will issue a paper check within two business days.

Mail my paper check. I will pick up my paper check.

Please note: All other pay codes will be processed as part of the next payroll cycle.

Employee Signature: _____ Date: _____

Supervisors Signature: _____ Date: _____

For Finance Department Use Only

Date Received: _____ Date Resolved: _____

Processed by: _____