**PAYROLL INQUIRY FORM**

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: __________

- □ 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.**