



# PAYROLL DISCREPANCY FORM

You must turn in this form if you have any questions or issues regarding hours worked, hours paid, pay rates, or any other payroll related issues. Please be as specific as possible and provide all necessary documents, i.e. Aloha printouts, copy of employee's check, etc., to expedite the process.

Please allow 48 hour turn-around for a response. Thank you.

## EMPLOYEE DETAILS

Employee Name:

Pay Date On Check With Discrepancy:

Manager Filing Report:

Total Hours To Be Paid:

Store:

Total Amount Owed:

How would the employee like to be contacted once the discrepancy has been resolved: (Please Select One Option Below)

Email:

Phone:

Manager:

Please Explain the Situation in Detail:

Manager Signature:

Date:

## HR/PAYROLL RESPONSE

Please Explain the Solution in Detail:

HR/Payroll Signature:

Date:

Approved By Signature:

Date:

**YOU MUST EMAIL THIS FORM TO PAYROLL@MISSIONYOGURT.COM**



1333 W. 120th Ave., Suite 207 Westminster, CO 80234 | 303.252.7500 | info@MissionYogurt.com

**PAYROLL** | hr@MissionYogurt.com **HUMAN RESOURCES** | hr@MissionYogurt.com