



PAYROLL CORRECTION FORM

Payroll Date to be Corrected: _____

Employee Name: _____

Employee Location: _____

Correction Type: _____
(missing hrs, incorrectly paid hrs, etc.)

Incorrect Wage: \$ _____ /hr Correct Wage: \$ _____ /hr

Days Impacted:

Work Date	Hours Worked		Work Date	Hours Worked

Difference in Pay to be Applied: \$ _____ /hr

Total Hours to be Applied: _____ hours

Total Pay to be Corrected: \$ _____

General Manager Signature: _____ Date: _____

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Beaver, PA 15009

435 Third St.
Beaver, PA 15009
Ph. 724-359-4841

2517 East Carson St.
Pittsburgh, PA 15203
Ph. 412-301-1763

10339 Perry Highway
Wexford, PA 15090
Ph: 412-349-5257

456 Fifth Avenue
Pittsburgh, PA 15222
Ph: 412-290-7801