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:_____