STILL FAMILY, LLC

Payroll Error Form

**Please submit payroll errors immediately. Payroll errors include underpayment or overpayment in the employee’s check.**

**Employee’s Name (*print*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date error was reported:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the following which best described the payroll error you believe you have identified:**

* **I believe I was paid less than my designated hourly wage.**

I believe my hourly wage should be\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **I believe I was not paid for all the hours I worked.**

Below I have documented the hours I believe I should have been paid for. (If possible attach other documentation to support this claim.)

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|  |

* **I believe that there was too much money taken out to cover the following benefits I have signed up for:**
	+ Health
	+ Dental
	+ Life Insurance
	+ Short Term Disability
	+ Long Term Disability
	+ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **I believe I have been overpaid and I wish to make arrangements to pay back the company**.
* There is no reason above that describes why I believe my pay check was incorrect. Other explanations for pay roll error described below:

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Employee’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

You will receive a response in three business days of receipt of this form.