



Payroll Discrepancy Correction Form

Submit form to Payroll Specialist

Employee will be reimbursed on the following payroll paycheck

Employee Information

Name: _____ Phone number: _____

Employee Status: Active LOA Terminated

Company: Traditions Spirits RWC-Spirits NGC-Spirits WWC-Spirits Riverwind Hotel

Location: _____

Error Information

Pay Error Type: Base Pay Add'l Compensation Deductions Tips Referral Bonus PTO Other (Explain below)

Correction: Over-Payment Under-Payment Missing Payment (inc. Vacation and Severance)

Pay Period of Error: Start Date: ___/___/___ End Date: ___/___/___

If known, please complete the fields below:

Hours missing: _____ Rate/hour: \$ _____ Amount: \$ _____ Check #:: _____

Describe the pay error and reason for the adjustment:

Authorization for Correction

Department Approval: If employee failed to clock in or out, he/she must complete a Missed Punch Form and the Supervisor on Duty of shift worked must approve and sign the form. Otherwise, Payroll Manager will approve the discrepancy.

Dept. Approver Name: _____ Date: ___/___/___ Phone: () _____ -

Department: _____ Title: _____ Sign: _____

For HR & Payroll Use Only

Verification of Amount Due: \$ _____ Approved By: _____ Date: ___/___/___

Payment Method: Next Pay Period, Check Distributed: ___/___/___ Manual Check #: _____

Manual Check Delivery: Date: ___/___/___ Pickup at 3:30 Mail To: _____

Check Distributor's Signature _____ Time issued _____ Date issued _____

Notes: