## EMPLOYEE PAYROLL INQUIRY SHEET

## **EFFECTIVE 04-06-93**

Employ	yee Name:		Date Submitted:				
Dept. #	#: Emp. #	:Super	rvisor:				
Check Number:			Check Date:				
	☐ Mail Check	□ Will Pick Up Check	☐ Hold Check				
□ Did	not receive check						
□ Wro	ong Name						
□ Wro	ong Address						
□ Wro	ong Deductions						
<ul> <li>□ Wrong Rate of Pay</li> <li>□ Overpayment Received</li> <li>□ Wrong Number of Hours (Regular)</li> <li>□ Please Explain My Paycheck</li> <li>□ Wrong Number of Overtime Hours</li> <li>□ Other:</li> </ul>							
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				SUPER	RVISOR REVIEW ANI	O COMMENTS	
				□ Agr	ee: action requested:		
				□ Disa	agree: explanation/comn	nents:	
Superv	isor signature:		Date:				
PLEAS	SE RETURN TO Wen	dy Berk, Payroll Departn	nent				
RESPO	ONSE DATE DUE TO	PAYROLL:	HDE0046				

HRF0049 Revised 1/25/2012