



ALERT SECURITY ASSET PROTECTION
PAYROLL DISCREPANCY FORM

Date: _____

Employee Name: _____ E-Mail _____

Home Telephone # _____ Fax # _____

Payroll Date: _____ Check Number: _____ [] Check this box if you have direct deposit.

Assigned Location: _____ Amount Owed: _____

Hours Short: _____

Description of payroll discrepancy:

Multiple horizontal lines for describing the payroll discrepancy.

MAKE SURE THAT ALL INFORMATION ON THIS PAYROLL COMPLAINT FORM IS FILLED OUT. THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM:

- 1) COPY OF THE EMPLOYEE PAY STUB.
2) COPIES OF THE EMPLOYEES TIME SHEETS
3) ALL SITE ASSIGNMENTS FOR THE 2 WEEK PAY PERIOD.

EMPLOYEE PRINT NAME

EMPLOYEE SIGNATURE

DATE