

Wage Discrepancy Form

Date:		Name:	
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Reason for thinking there is a discrepancy (can you also please list the dates and times you think you worked):

Amount Paid:		Amount you believe to be short:	
Hours paid:		Hours you believe to be short:	

	Next wage slip	Paid straightaway
If there is a discrepancy would you like this to be paid with your next wage slip or would you like to be paid straightaway. Please be aware that if the mistake is yours we will only add the payment to your next wage slip.		

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For employer use only

	Yes, please explain	No, please explain
Was there an error:		

Hours Paid:		Is this correct:		If not, how many hours should have been paid:	
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Signed:

Date: