

Eager To Serve Inc

P.O. Box 215, Freeport, NY 11520 Tele: (516)-623- 9573 Fax: 516-223-7886

Paycheck Discrepancy/Adjustment Form

Date: _____

Please Complete The Following Information:

Employee Name:	
Department	
Pay Period Ending Date	
Date of Discrepancy	
Explanation (Please write clearly)	
Number of Hours In Question?	

This form must be approved. It will not be processed without authorized signature.

Employee Signature: _____

Employer comments:

Authorized Signature: _____