

Wage Discrepancy Adjustment Form

Employee Information

Employee Name

Enter full name

Employee ID

Enter ID

Department

Enter department

Position

Job title

Wage Discrepancy Details

Pay Period

e.g. Jan 1, 2024 - Jan 15, 2024

Type of Discrepancy

Select



Description of Discrepancy

Provide a brief explanation

Adjustment Calculation

Amount Owed/Adjust

Enter amount

Adjustment Effective Date

Calculation Details

Enter calculation or reference

Approvals & Acknowledgement

Supervisor/Manager Name

Name

Signature

Signature

Employee Signature

Signature

Date Signed

Important Notes

- All discrepancies must be reported as soon as they are identified.
- Attach supporting documents to help with the verification process.
- This form must be approved by the department supervisor or manager.
- Retention of this document is required for payroll audit purposes.
- Deliberate falsification may result in disciplinary action.