

DATE:
____/____/____
YYYY/MM/DD

Request for Payroll Review Form



Employee #: _____ Employee Name: _____ Signature: _____
Employee Social insurance Number: _____ telephone: _____ Airport: _____

Wage / Level Adjustment: paid wage/level: _____ correct wage/level: _____
Sick day for which you believe payment is entitled: Date of the absence: ____/____/____
Number of hours missed: _____
Did you bring a medical note: yes _____ no _____ person who received note (name/position): _____

Missing vacation pay: Date of vacation in question: from: ____/____/____ to: ____/____/____

Payroll Discrepancy: (Please attach a photocopy of your relevant payslip)
Week Ending Date (Pay week 1): ____/____/____

	DATE	SHIFT & SITE	TOTAL HOURS
Friday			
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			

Total Hours: _____

Week Ending Date (Pay week 2): ____/____/____

	DATE	SHIFT & SITE	TOTAL HOURS
Friday			
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			

Total hours: _____

Total hours worked week 1 & 2: _____
Total Hours paid for week 1 & 2: _____

OFFICE USE ONLY

REQUEST [] ACCEPTED [] DENIED Name: _____
Resolution determined: [] Check adjustment next pay cycle [] Issue check adjustment
Reason (If Denied):

