



PAYROLL /INFORMATION CHANGE REQUEST

If you believe there is an error in your paycheck or your information has changed, please complete this form. A response will be forwarded to you within 3 business days of receiving this document.

Employee Name _____ Social Security # _____

Employee email: _____ Certificated/Classified (please circle one)

Pay Period End Date: _____ Check Date: _____ Check# _____

Type of Error	Amount Paid	Amount Should Have Been Paid	Comments (Please be specific)
Error in Pay Rate			
Error in Regular Hrs.			
Error in Overtime Hrs.			
Error in Other Hrs. (vacation, illness, Etc.)			
Error in Taxes (Be specific type of tax)			
Error in Deduction			
Error with Retirement			

- Marriage (please attach copy of Marriage Certificate)
- Name Change (please attach copy of document)
- Divorce (please attach copy of top page stating dissolution)
- Domestic Partner (please attach a copy of Notarized domesticated partnership)
- Child (please attach copy of birth certificate or adoption paper)
- NEW Address _____
- NEW Phone No. _____

Questions or concerns regarding rate of pay and number of hours paid must be address in the Main Office. Please submit forms to the Main Office.

Financial Administrator _____ Date _____

Human Resource Director _____ Date _____