



EXECUTIVE SECURITY SPECIALISTS, INC.

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PAYROLL DISCREPANCY CLAIM FORM

This form must be completed and forwarded to ESS no later than 12:00 pm., Tuesday, if and necessary adjustments are to be included in the following Friday's paycheck..

Name: _____ Social Security #: _____

Pay Period: _____ (Monday) thru _____ (Sunday)

Unpaid: _____ Overpaid _____ (Please mark one)

How Many Hours: _____ How many (if any) were overtime hours?: _____

Did you properly call-in your hours? YES NO (Please circle one)

If you answered No, explain why? (Voice mail full, No phone, etc.)

Provide a description of your discrepancy (MUST include Day, Times & Location):

Signature

Date

FOR OFFICE USE ONLY

Approval

Date