

# PAYROLL ACTION REQUEST FORM

## EMPLOYEE'S REQUEST/PROBLEM

Employee's Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

Request/Problem: \_\_\_\_\_ Date(s) Involved: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_

## SUPERVISOR'S REVIEW

Name of Supervisor 1: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervisor 2: \_\_\_\_\_ Date: \_\_\_\_\_

I (We) have reviewed the above employee's request/problem and determined: \_\_\_\_\_

\_\_\_\_\_

Supervisor 1, Signature: \_\_\_\_\_

Supervisor 2, Signature: \_\_\_\_\_

## MANAGER'S REVIEW

Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved (  ) Disapproved (  ) Explanation/Comments: \_\_\_\_\_

\_\_\_\_\_

Manager's Signature: \_\_\_\_\_

## PAYROLL DEPT.

Date Received: \_\_\_\_\_ Action/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_