Payroll Discrepancy Form

Please return completed form to: Fordham University, Payroll Department
Faculty Memorial Hall (FMH) Rm 519B

Date: ____________________________

Employee Name: ____________________________

Fordham ID No: ____________________________

Email: ____________________________

Contact Number: ____________________________

Check Date: ____________________________

Type of Discrepancy  *if missing pay for a day or more, it will fall under Priority*

- [ ] Lost/Destroyed Check
- [ ] Payment Never Received
- [ ] Regular Hours
- [ ] Unpaid Leave
- [ ] Vacation
- [ ] Personal
- [ ] Sick
- [ ] Holiday
- [ ] Workers Comp
- [ ] Shift Differential
- [ ] Overtime
- [ ] Other ____________________________

Comments *Please describe the details of the issue*

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Check Instructions

- [ ] Hold for Pickup
- [ ] Mail check to: ____________________________

Employee Signature: ____________________________ Ext: ____________________________

If you have any questions, please email payrollinfo@fordham.edu
Revised 6/2015