



Orlando Exhibition Employees

PAYROLL PROBLEM

COMPANY NAME: _____
TODAY'S DATE: _____
NAME: _____
SOCIAL SECURITY NUMBER: _____
PHONE: _____

DATES AND HOURS WORKED

| DAY | DATE | RATE | REG. HOURS | O/T HOURS | DOUBLE TIME HRS |
|-----------|------|------|------------|-----------|-----------------|
| MONDAY | | | | | |
| TUESDAY | | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |
| SATURDAY | | | | | |
| SUNDAY | | | | | |

TOTALS:

| | | |
|--|--|--|
| | | |
|--|--|--|

Please check all that apply

- No Paycheck Received
- Hours Missing
- Wrong Hourly Rate
- Lost/Destroyed/Damaged Paycheck*

**Note: Employee will need to go to Employer's office to sign disclaimer, if this box is checked.*

Other

Additional Information / Explanation

Whenever possible, please attach copies of your time cards and paycheck.
All of the above information must be completed in order to process your payroll discrepancy.