

FREEMAN DECORATING COMPANY

Payroll Discrepancy / Adjustment Review Request (Please include a copy of any available backup if possible.)

Name: _____ Department: _____ Ph Number: _____
 SSN or ID: _____ Union: _____ Date: _____

Please indicate your information below					
Days Worked	Date:	Reg Hrs	OT / DT Hrs	Lead/Stew	Labor Class
Monday			/		
Tuesday			/		
Wednesday			/		
Thursday			/		
Friday			/		
Saturday			/		
Sunday			/		
Totals:					

Paid:
 Regular: _____
 Overtime: _____
 Double-time: _____
 Check #: _____
 Check Date: _____

Problem Type: Short _____ Rate _____ Dues _____ PTO _____ Other _____

Comments: _____

Please return to:

A) Fax # (407) 240 – 3981
 Attn: Payroll

C) Mail to: Freeman Decorating
 2200 Consulate Dr
 Orlando, FL 32837

B) Supervisor or Foreman

Payroll Use:

Received: _____ Reviewed: _____ By: _____
 Approved: _____ Adjusted: _____ By: _____
 Pay Period Adjusted: _____
 Declined (See Comments): _____

Comments: _____

