ANDERSON SECURITY AGENCY LLC

Sign & Date When Completed

Dispatch _____
Accounting _____
DOS _____
COO _____
Pres. _____

PAYROLL DISCREPANCY

EMPLOYEE NAME: _____ DATE: _____

PAYROLL ENDING: _____ PAYROLL NUMBER: _____

HOURS PAID: _____ HOURS SHORT: _____

List All Projects Worked for the Full Pay Period
(0001 Hrs. Friday of Week #1 thru 2400 Hrs. Thursday of Week #2)

PROJECT NAME	DATE	FROM	TO	HOURS

FOR OFFICE USE ONLY

ANSWER: _____

RECEIVED: _____ Date _____ Time _____ By

NOTIFICATION: _____ Date _____ Time _____ By

BACK PAY: ☐ Yes ☐ No PAYROLL SHEET COMPLETED: ☐ Yes ☐ No

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