

Payroll Request Form

Date: _____ Phone Ext: _____ Email: _____

Name: _____ SSN or Datatel ID #: _____

Detailed Description of Problem:

Expected Results:

Please attach copies of any documentation that will assist us in solving your problem. With your signature we can research your problem and contact you by phone or email.

Employee Signature _____
Date

Payroll Department Use Only:

Date Received: _____ **Received by:** _____

Resolution:

Employee Contacted: _____ **Resolution Date:** _____

Exception Log # _____ **Date:** _____ **By:** _____