

# Payroll Check Information Request Form

*Payroll Fax: (817) 257-7714*

**Employee Name:** \_\_\_\_\_ **TCU ID:** \_\_\_\_\_

**Employee E-mail:** \_\_\_\_\_

**Employee Type:** STU    BWK    BTP    MTH    MTP    International

**Employee Dept:** \_\_\_\_\_ **Fund:** \_\_\_\_\_ **Acct:** \_\_\_\_\_ **Project:** \_\_\_\_\_

For problems concerning a payroll check, please complete the section below. A payroll specialist will respond with the answer to your questions and concerns within 2 business days of receiving this documentation, if not sooner.

Errors created by the employee's failure to submit his or her timesheet by the payroll deadline or the employee's failure to submit an accurate account of hours will delay payment until the next payroll check.

**Pay Period End Date:** \_\_\_\_\_ **Check Date:** \_\_\_\_\_

Description	Paid	Should Have Paid
Error in Shift Differential		
Error in Regular Hours		
Error in Overtime Hours		
Error in Holiday Pay		
Error in Vacation/Sick Pay		
Error in Taxes		
Other, please explain		

Comment by Payroll: \_\_\_\_\_

Questions or concerns regarding compensation rate, benefits, benefit deductions, leave accrual balances and address changes should be addressed to Human Resources at fax number (817) 257-7979.

\_\_\_\_\_  
*Supervisor's Name (please print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Supervisor's Phone*