



## PAYROLL AND/OR COMPENSATION PROBLEM WORKSHEET

NAME \_\_\_\_\_ PHONE (H) \_\_\_\_\_

SS# \_\_\_\_\_ PHONE (W) \_\_\_\_\_

SCHOOL/SITE NAME \_\_\_\_\_ SITE# \_\_\_\_\_ POSITION \_\_\_\_\_

### INFORMATION REQUESTED

OVERPAYMENT \_\_\_\_\_ UNDER PAYMENT \_\_\_\_\_

CAREER LADDER LEVEL \_\_\_\_\_ NO PAY \_\_\_\_\_

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OTHER PROBLEM \_\_\_\_\_ DESCRIPTION OF PROBLEM: \_\_\_\_\_

SHORT NARRATIVE:

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REPORT RECEIVED BY: \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

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### DISPOSITION

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BY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_