PAYROLL REQUEST FORM

NAME _____ **EMPLOYEE #** _____

☐ **Correction** Mo Tu We Th Fr Sa Su **Date** _____ **Punched Time** _____

Reason _____ **Changed Time** _____

☐ **Vacation Pay** **Regular Hours** _____ **Overtime Hours** _____

☐ **Adjust Hours** _____ **Adjust Pay** _____ **Truck Wreck Hours** _____

☐ **Commission** **Type** SM / BG **# of Invoices** ____ **Total** **$**_____

* Pink copy of invoice (priced) must be attached to this form.

Drop completed form in safe. It will be delivered to Payroll.