

STEP BY STEP CARE, INC.
PAYROLL ERROR REPORT FORM

Instructions: This form is to be completed by the person making a payroll error report. Please be specific and concise when filling out the form. Please include all pertinent information. Employee must submit form to the Human Resources representative. Errors will be corrected within 48 hours.

Employee Name: _____

Payroll Period: _____ **to** _____

Report Date: _____ **Time:** _____

Circle Most Appropriate: Pay Rate Overpaid Hour Underpaid Hours

Deduction Taxes Training Pay Other: _____

Check: Pick Up _____ or Mail _____

Description of Error: _____

Follow-Up: _____

Report Made By: _____

Correction Completed By: _____

Day/Time: _____