



Barclays Center Pay Discrepancy Form

**IMPORTANT INFORMATION TO CONSIDER WITH YOUR SUBMISSION TO
EMPLOYEE INFORMATION SERVICES – PAYROLL UNIT**

Adjustments or corrections required because of changes after the time was approved and processed should be processed **promptly** and be traceable to the pay period for which the correction applies.

Required on this form:

- ✓ Employee first and last name (nicknames are not acceptable).
- ✓ Pay period begin and end date
- ✓ Evidence of approval by an authorized supervisor/manager
- ✓ Evidence of employee name and signature
- ✓ Attach supporting notes, documentations or benefit request form

NAME: _____ DEPARTMENT: _____

EMPLOYEE ID: _____ PHONE #: _____

PAY PERIOD: _____ CHECK DATE: _____

Please mark the type of hours affected – Required (check all that applies):

Regular Over-Time Double Time Sick Vacation Holiday Paid Time off Other

Please mark reason for discrepancy - Required (check all that applies):

Unable to Clock In or Out Not in TMSS System No Lunch Period Worked before/after scheduled time
 Incorrect Hourly Rate Other. Please see attached supporting notes.

DATES WORKED	HOURS CLAIMED	HOURS PAID	MISSING HOURS	EVENT CODE	OFFICE USE ONLY DISCREPANCY	
					VERIFIED	NONVERIF'D

TOTAL: _____

Employee Name (print):	Date:
Employee Signature:	
Supervisor/Manager Name (print):	
Supervisor/Manager Phone Ext.:	
Supervisor/Manager Approving Signature:	Date:

Received in EIS Payroll (date):	Received in EIS Payroll (time):	Received in EIS Payroll (processor):
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