



## COMPENSATION CONCERN WORKSHEET

NAME				SS#		
PHONE	(W)		(H)		(C)	
CAMPUS NAME			CAMPUS#		POSITION	

DATE EMPLOYEE SUBMITTED WORKSHEET	
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**REQUIRED INFORMATION:**

OVERPAYMENT  UNDERPAYMENT  BENEFITS ISSUE  OTHER

DESCRIPTION OF CONCERN: (Please attach a copy of the 18-19 Employee Access Pay Summary.)

**PAYROLL & HR OFFICE USE ONLY BELOW THIS LINE**

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DISPOSITION/RESOLUTION:

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REVEIWD BY		DEPT	
DATE COMPLETED AND EMPLOYEE NOTIFIED			