

**Center for Social Change, Inc.  
Payroll Grievance Form**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date Worked	Day Worked	Hours Worked (Start / End Time)		Work Location	To Be Completed by Coordinator		To Be Completed by Payroll	
					Hours Already Paid	Reason Hours Haven't Been Paid To Date	Pay Date on Which Hours Were Previously Paid	Hours To Be Paid
				<b>TOTAL</b>				

Comments: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

(Section for Office Use Only)

Notes: \_\_\_\_\_

Payroll's Initials: \_\_\_\_\_ Supervisor's Initials: \_\_\_\_\_