



**AMERICARE
PAYCHECK ISSUE FORM/FORM E-45**

Please Print Legibly in Ink

Employee Name: _____ Date: _____

Immediate Supervisor Name: _____

Paycheck date: _____

Paycheck is not correct for the following reason(s):

Please check all that apply:

- Incorrect rate of pay
- Number of hours worked
- Sick pay not included
- Vacation pay not included
- Other _____

Please update my information
(Address/Change Tax Filing Status)

Please explain your issue (use the back of form if needed):

What is the best number to reach you: _____

When is the best time to call? _____

All issues with paychecks must be *submitted in writing* utilizing this form. Phone calls or office visits are not acceptable avenues for resolution. Your issue will be addressed by the payroll department as soon as possible and they will contact you with a resolution. If you are not satisfied with the resolution, you may file a grievance with your immediate supervisor.

Employee Signature

Date

Fax completed form to 318-704-6087 "Attention Payroll Dept."

Payroll Department Use Only

Received Date: _____ Received By: _____

Resolution Date: _____

Employee notification Date: _____ Method: Phone Mail Email In Person