

MODOC COUNTY PAYROLL DISCREPANCY FORM

Name of Party

Department

Contact Information (Email, Telephone, Cellphone, etc.)

Date of Complaint

NATURE OF CONCERN:

Received by and Date:

Forward to and Date:

Name of Party Submitting if from Other than Above

Submitted From <input type="checkbox"/> Dept Head <input type="checkbox"/> BOS <input type="checkbox"/> Special District <input type="checkbox"/> Other	Copies Submitted to: <input type="checkbox"/> Auditor (Required) <input type="checkbox"/> Union <input type="checkbox"/> Admin (Required) <input type="checkbox"/> Dept Head
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PLEASE CHECK ALL THAT APPLY:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> W-2 | <input type="checkbox"/> CalPERS |
| <input type="checkbox"/> Aflac | <input type="checkbox"/> Naco |
| <input type="checkbox"/> Valic | <input type="checkbox"/> IRS |
| <input type="checkbox"/> EDD | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> UPEC |
| <input type="checkbox"/> DSA | <input type="checkbox"/> SDI |
| | <input type="checkbox"/> Vac/Sick |

Requesting Updates

- | |
|---|
| <input type="checkbox"/> Affected Party |
| <input type="checkbox"/> Submitting Party |
| <input type="checkbox"/> Union |
| <input type="checkbox"/> Other |

COMPLAINT/COMMENTS: (Please explain a brief outline of problem)

Auditor's Office Notes: (Continue on back if necessary)
