Pioneer
Transportation Corp.

Payroll Discrepancy Form

Today's Date: _____

Employee's Name: _____

Payroll Week: _____

Total Hours Paid: _____

Pay Issue: _____

_____

_____

Additional hours requested: _____

Employee Signature: _____

Company Response

please forward completed discrepancy form with copy of referenced paystub to office
or directly to Payroll/Stacey x 1020 sguli@pioneerbus.com
upon timecard/dispatch/office review you will be notified of the findings

Date: _____

From: _____

Response: _____

_____

_____

_____