Mansfield ISD
Report of Payroll Discrepancy

Date: _____ Time: _____

SUBMIT VIA EMAIL TO hrcompensation@misdmail.org

_____ _____

Employee Name Last Four SSN

_____ _____ _____

Campus/Location Contact Number Alternate Number

Issue Regarding Pay:

Issue Regarding Deductions:

Issue Regarding Leave:

Processed by:	Corrective Action	Date Processed	Notes