

Pool Management Made Easy

9801 West Kincey Avenue Suite 165 Huntersville, NC 28078

SCMG Pay Error Correction Form Please turn form into the SCMG office - This form SHOULD NOT BE LEFT AT THE POOL

Employee Information

Employee ID:	Date:
Last Name:	First Name:
Email address:	
Error Information	
Pay Error Type:	Base Pay Add'l Compensation Deductions Taxes
Correction:	Over Pay
Pay Period of Error:	Start Date: End Date:
Describe the pay Erro	or and Reason for Adjustment:
-	
Second Pay Error T	уре:
Pay Error Type:	Base Pay Add'l Compensation Deductions Taxes
Correction:	Over Pay
Pay Period of Error:	Start Date: End Date:
Describe the pay Error and Reason for Adjustment:	
•	n the employees' third payroll correction submission, any additional submissions result in a \$10.00 deduction from the employees' pay check due to processing.
	ys this form can be submitted to the SCMG office:
1.You can deliver th	his form by hand (in person) to the office.
2.You can mail this	form to the SCMG office: 9801 West Kincey Avenue Suite 165 Huntersville, NC 28078
This form should not be left at the pool for your manager to submit to the office.	
HR and Payroll Use Amount Due:	•
Payment Method:	Approved By: Date: On Cycle Date Manual Check
Notes:	