

PAYCHECK DISCREPANCY FORM

Full Name: _____

Program (please circle):

Adult Alpine	ADV/NS Alpine	Discovery Alpine	SNAP
Snowboard	Entertainment	Kronos	Other

Pay week-ending date (always a Saturday): _____

Date/number of hours not paid: _____

Additional Information: _____

Supervisor's Signature: _____

Administrators' Signature: _____

A COPY OF YOUR PAY STUB MUST BE ATTACHED TO THIS FORM