1200 Old Decatur Road Fort Worth, Texas 76179 (817)232-0880 Fax (817)232-3596 <u>www.emsisd.com</u>

COMPENSATION CONCERN WORKSHEET

NAME					SS#					
PHONE	(W)		(H)	I				(C)		
CAMPUS N	, ,			PUS#			POSITI			
DATE EMPLOYEE SUBMITTED WORKSHEET										
DECLUBED INFORMATION:										
REQUIRED INFORMATION:										
OVERPAYMENT BENEFITS ISSUE OTHER										
DESCRIPTION OF CONCERN: (Please attach a copy of the 14-15 Employee Access Pay Summary.)										
DESCRIPTION OF CONCERNA. (Flease attach a copy of the 14-15 Employee Access Pay Summary.)										
PAYROLL & HR OFFICE USE ONLY										
DISPOSITION/RESOLUTION:										
	<u> </u>				1					
REVEIWED				DE	PT					
DATE COM	1PLETE	O AND EMPLOYEE NOT	IFIED							

COMPENSATION CONCERN WORKSHEET.DOC Revised: 08/29/2014