

Overtime Pay Discrepancy Grievance Form

Employee Name

Employee ID

Department

Position/Title

Contact Number

Date of Submission

Pay Period Involved

e.g. March 1–15, 2024

Description of Overtime Pay Discrepancy

Please describe the discrepancy, including dates, hours worked, and any other relevant details.

Amount of Overtime Claimed (if known)

Actions Taken (if any) Before Filing this Grievance

List discussions with supervisor, HR, payroll, etc.

Requested Resolution

State what outcome you are seeking.

Employee Signature

Date