

# ***Your Company Name Here***

## **Payroll Query Form**

( Complete Name & Payroll ID (if assigned) in all cases )

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**QUERY / ISSUE RELATES TO :**

**Payroll ID :** \_\_\_\_\_ (if assigned)    **Nursery / Dept :** \_\_\_\_\_

**Title/Name:** \_\_\_\_\_

**QUERY / ISSUE DETAIL :**

**Raised by :** \_\_\_\_\_

**Date :** \_\_\_\_\_

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*RMD Accountancy Solutions Use Only :*

**RESOLUTION :**

**Resolved by :** \_\_\_\_\_

**Date :** \_\_\_\_\_