

**Company Name:**

**Department:**

## **PAYROLL PROCEDURES & POLICY ACKNOWLEDGEMENT**

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### **1. STANDARD PAYROLL PROCEDURES**

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Employees are paid in accordance with the established schedule. Please refer to the specific parameters outlined below:

**Pay Frequency:**

- Weekly
- Bi-Weekly
- Semi-Monthly
- Monthly

**Payment Method:**

- Direct Deposit
- Physical Check
- Pay Card

**Time Tracking Submission Deadline:**

**Designated Payroll Administrator:**

### **2. POLICY GUIDELINES & EXPECTATIONS**

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- **Time Reporting:** All hourly employees must accurately record all hours worked using the approved time-tracking system. Working "off-the-clock" is strictly prohibited.
- **Review of Pay Stubs:** Employees are responsible for reviewing their pay stubs for accuracy. Any discrepancies, underpayments, or overpayments must be reported immediately to the payroll administrator.
- **Direct Deposit:** Employees choosing direct deposit must provide accurate banking credentials. Change requests must be submitted in writing at least ten (10) business days prior to the next scheduled pay date.
- **Withholding & Deductions:** Statutory deductions (federal, state, and local taxes) and authorized voluntary deductions (benefits, retirement) will be withheld automatically from gross wages.

### **3. EMPLOYEE ACKNOWLEDGEMENT & SIGN-OFF**

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By signing below, I acknowledge that I have received, read, and understood the payroll procedures and policies of the organization. I agree to comply with the guidelines set forth regarding time reporting, deadlines, and notification of payroll discrepancies.

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EMPLOYEE SIGNATURE

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DATE

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EMPLOYEE PRINTED NAME

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EMPLOYEE ID NUMBER

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HR / PAYROLL REPRESENTATIVE SIGNATURE

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DATE