WAGE QUERY FORM

Dear employee, please complete this form and submit this to accounts@systematicsecurity.co.uk

Name:	Employee Number:
Date Submitted:	Line Manager:

DATE	SHIFT START TIME	SHIFT END TIME	BREAK HOURS/ MIN	LATENESS HOURS/ MIN	NET HOURS/ MIN WORKED	SITE NAME
30/04/2017	1900	0700	30	15	11h 15 m	Boston Police Station

Office Use Only

Date received:	Approved / Not Approved
Date Finished:	Date letter sent to employee:
Comments	

Systematic Security Services
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