



**Policy 403.27-E  
Reduction in Employee Pay Complaint Form**

This form is to be used for all pay deduction complaints. Any employee who believes the district has made an inappropriate deduction is encouraged to immediately consult with their direct supervisor. The employee may also file this complaint form with the Chief Human Resources Officer explaining the nature of the improper deduction.

Name of employee: \_\_\_\_\_

Department/Building: \_\_\_\_\_

Payroll date(s): \_\_\_\_\_

Amount of improper pay deduction: \_\_\_\_\_

Explanation of improper pay deduction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return the signed form to:**  
Linn-Mar Community School District  
Human Resources Office  
3556 Winslow Road  
Marion IA 52302