



MISSED PAYROLL NOTIFICATION

To: DecisionHR: Payroll Department

Fax #: (727) 572-1314 or (888) 802-7555

Worksite Employer Name: _____

Date: _____

Ref: Missed Payroll

This memo serves as notice that during the pay period(s) of:

_____ to _____, no
(Begin Date) (End Date)
employees worked, nor were any Workers' Compensation injuries reported.

Reason for missed payroll activity:

Authorized Client Signature

Date

DecisionHR Representative

Date

If a fax machine is unavailable, return this form via U.S. Mail or courier to:

DecisionHR, Attn: Payroll Department
11101 Roosevelt Blvd. N., St. Petersburg, FL 33716