



## ***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**