

PAYROLL INQUIRY FORM*

**Period of completion: 10-day turnaround*

DELIVER COMPLETED FORM TO THE PAYROLL PROCESSOR AT YOUR WORK LOCATION

Location Payroll Processor:

SEND COMPLETED FORM THAT YOU ARE UNABLE TO RESOLVE TO YOUR PAYROLL ASSISTANT IN THE PAYROLL DEPARTMENT.

NAME: _____

Empl ID#: _____ **Last 4 of SSN# :** _____

Phone#: _____

Email: _____

School/Dept Name: _____

Position: _____

Inquiry Description:

For Payroll Department Use:

DISPOSITION: _____

Contact Date: _____ **Method of Contact:** _____

By: _____

Payroll File Stamp: