

UNION _____ LOCAL # _____ Department _____

CITY OF CHICAGO



EMPLOYEE PAYROLL
INQUIRY FORM

Date _____

Union Representative Name: _____ PHONE: _____

I am here by requesting an inquiry for _____ payroll.
(PAY DATE RANGE)

Employee Number:

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Employee Social Security Number (last four digits): _____ Job Title: _____

Employee Name _____ PHONE: _____
(Please Print Clearly)

Previously discussed with: _____ Title _____ PHONE: _____ Date ____ / ____ / ____

Grievance Filed: Y N Grievance Number: _____ Grievance Date: ____ / ____ / ____

Describe the issue in detail:

Circle the appropriate category(ies):

O.T. Retro Back-pay Rate Increase Other: _____

Please return this form to: Name Department Labor Liaison _____
 Filiberto Almendarez III
 333 S. State St. Room 320
 DePaul Center FAX #: _____
 Chicago, IL 60604
 FAX (312)745-3540

To be completed by the City Comptroller's Office:

Date Received _____ Assigned to: _____

Date Received _____ Completed by: _____