

Payroll Inquiry Form

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:

Grid for Employee Number: 10 empty boxes

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:

Horizontal lines for describing the issue

Circle the appropriate category (ies):

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

Please return this form to: Faridah Khan, 33 North LaSalle Street Suite 700, Chicago, Illinois 60602, FAX (312)744-8407, Department Labor Liasion, FAX #: _____

To be completed by the City Comptroller's Office:

Date Received _____ Assigned to: _____

Date Resolved: _____ Completed by: _____