

HUMAN RESOURCES WAGE AND SALARY INQUIRY REQUEST FORM

Please note that a response confirming receipt will be emailed within 48 hours.

Completion of the inquiry request form will be made within 5 business days of the confirmation of receipt.

*Last Name:		*First Name:		*Middle Initial
*Employee ID: (See pay advice/timesheet)		Facility:	<input type="checkbox"/> Bellevue <input type="checkbox"/> Coler <input type="checkbox"/> Carter	
*Job Title:		Department:		
*Contact Number:		*Work Email:		

SUBJECT OF INQUIRY : Please provide a brief explanation below	CHECK ALL THAT APPLY
• Salary/Wage Discrepancy	<input type="checkbox"/>
• Taxes W-4 / IT-2104	<input type="checkbox"/>
• Longevity Differential	<input type="checkbox"/>
• Educational Differential	<input type="checkbox"/>
• Licensure Differential	<input type="checkbox"/>
• Experience Pay	<input type="checkbox"/>
• Salary Increase / Salary Adjustment	<input type="checkbox"/>
• Step Up Pay	<input type="checkbox"/>
• City Transfer/Original Date of Appointment	<input type="checkbox"/>
• Civil Service Status/Seniority Date	<input type="checkbox"/>

OTHER (Explain):

Employee Signature:	Date Submitted:
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**** FOR HUMAN RESOURCES USE ONLY ****

HR Representative (Print)	Date Completed / Employee Contacted

*Denotes required fields