

VINELAND SCHOOL DISTRICT

Payroll and Personnel Inquiry Form

Name _____ Date _____

Contact Information _____

Category

(Please identify the specific nature of your inquiry. Please check all that apply.)

Payroll

- _____ W-2
- _____ W-4
- _____ Overtime Pay
- _____ Supplemental Pay
- _____ End-of-Month Pay
- _____ Payroll Deductions
- _____ Other

Personnel

- _____ Name Change
- _____ Years of Service
- _____ All Forms of Leave
- _____ Compensation Time
- _____ Contact Information Change
- _____ Health and Welfare Insurance
- _____ Other

Please describe the nature of your inquiry.

Empty box for describing the nature of the inquiry.

Please identify the individuals you already spoken to about this inquiry.

Empty box for identifying individuals spoken to.

*****Please attach any supporting documents regarding this inquiry*****

FOR OFFICE USE ONLY

Person Receiving the Inquiry _____ Date _____

Position _____ Time _____

Resolved By _____ Date _____

Comments _____

Empty box for additional comments.