



Payroll Inquiry Form

Employee Name: _____ Office: _____

Employee #: _____ Employee Phone Number: _____

Question or Concern: _____

Employee Signature: _____ Date: _____

Supervisor/Manager's Review: _____ Date Received: _____

I agree, there is a problem: *Forward to Corporate** *Resolved (Explain Below**)*

Authorized Signature: _____ Date: _____

*Email to van.nguyen@adjoin.org

**Explanation: _____

Action(s) Taken: _____

Originator Notified: By: _____ Date: _____

How: _____

Supervisor Notified: By: _____ Date: _____

COO Notified: By: _____ Date: _____