_____
(Date Received)

DoDEA

Pay Inquiry Worksheet

TO: **CSR**
ITALY PERSONNEL CENTER

Section I - Employee Data

1. Employee's Name _____ 2. SSN _____
3. HQ Ofc/DSO/School _____
4. Telephone No. DSN: _____ FAX No. _____
5. Issues identified in section II and/or III are for pay period(s) ending: _____

Section II - Pay, Allowances Benefits and Other Related Issues

Base Pay ☐ TQSA ☐ LQA ☐ Post Allowance ☐ Tropical/Area Differential ☐
Retro Pay Adjustment ☐ Step Increase ☐ Pay Lane Change ☐ Extra Duty Pay ☐ Overtime ☐ Leave ☐
TSP ☐ Life Insurance Deductions ☐ Health Insurance Deductions ☐ Retirement Deductions ☐

Identify any issue which has been filed as a grievance: _____

Other Issues: _____

Section III - Employee's Description of Pay Problems

Section IV – Customer Service Representative's Remarks

_____ _____
Customer Service Representative's Signature Date: