Clear Form

MIAMI-DADE COUNTY PUBLIC SCHOOLS

PAYROLL DEPARTMENT

INQUIRY FORM

_____
(DATE)

TO:

FROM: _____ Name as it appears on Check/Advice

_____ Employee Number

_____ Work Location Number

_____ Check/Advice Number

_____ Date of Check/Advice

SUBJECT: CORRECTION OF ERROR IN PAY

If you feel that an error has been made in your check, please circle the item or box on the facsimile check stub below, placing in the circled item the amount appearing on your check stub, and forward to the appropriate office. **Do not telephone.** We can give you better and faster service by using this method.

IF YOUR INQUIRY CONCERNS YOUR RATE OF PAY THIS FORM SHOULD BE ADDRESSED TO THE DIVISION OF WAGE & SALARY

THE SCHOOL BOARD 01' MIAMI-DADE COUNt Y, FLORIDA

EMPLOYEE NUMBER	BEGINNING PERIOD	ENDING PERIOD	CHECK DATE	CHECK NUMBER

NET

	EARNINGS		DEDUCTIONS		NET PAY
CURRENT PERIOD		-		=	
YEAR-TO-DATE		-		=	

EARNING DESCRIPTION	P/C	LOCATION	RATE	TIME	EARNINGS
T0TAL					

CHECK LOC.		TAX STATUS

DAYS AVAILABLE	VACATION	PERSONAL	SICK		RET.PLAN

DEDUCTION DESCRIPTION	TAXES/DED	YEAR TO DATE
T0TAL		

STATEMENT OF EARNINGS AND DEDUCTIONS 0 DETACH AND RETAIN FOR YOUR RECORDS

Remarks (Any information which in your opinion may help clear up this matter):

_____

_____

(Use reverse side for additional remarks.)

FM-1415 Rev. (03-99)