

RETROACTIVE PAY INQUIRY INTAKE FORM

DATE: _____

REFERENCE # _____

NAME: _____

CONTACT # / EMAIL: _____

JOB TITLE(S): _____

ISSUE(S):

- DID NOT GET RETROACTIVE PAY
 - AMOUNT WAS NOT WHAT THEY ANTICIPATED
 - DID NOT RECEIVE RETROACTIVE PAY ON ONE OF THEIR LINE(S)
 - OTHER: _____
- _____

Please print completed form and submit it to:

Kingsborough Community College
Office of Human Resources, A-201
2001 Oriental Boulevard
Brooklyn, NY 11235-2398