RETROACTIVE PAY INQUIRY INTAKE FORM

DATE: _____

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: _____

_____