

TEAMSTERS LOCAL 502  
*Commonwealth Association of School Administrators*



Payroll/Salary Inquiry Request

Name: \_\_\_\_\_

Position: \_\_\_\_\_

SS#: \_\_\_\_\_

Work Location: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Problem: Be specific as to the problem. If it involves EC pay indicate the date(s) and hours worked and who approved your participation. Fax a copy of the SEH – 324 if appropriate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fax completed form to Robin Cooper at 215-236-9230.