

U.F.T. BROOKLYN OFFICE SALARY INQUIRY

NAME _____
SCHOOL _____
SUBMITTED BY _____
PHONE NUMBERS: HOME () _____
E-MAIL ADDRESS _____
EIS/FILE # _____
DISTRICT _____ REGION _____
DATE _____ HOME ADDRESS _____
WORK () _____
BOROUGH _____

NATURE OF PROBLEM:

- ☐ Member Not Paid
- ☐ Member Paid Incorrect Amount
- ☐ Wrong Salary Step
- ☐ Salary Differential Problem
- ☐ Longevity Problem
- ☐ Other/Comment _____

DOCUMENTATION ATTACHED:

- ☐ Copies of stubs of all checks received
- ☐ Copies of Certificate of Salary Statutor Differential
- ☐ Effective date of leave, termination, final entitlement, etc.
- ☐ Approved personnel document, if required
- ☐ Attach dates of missing preps or prep receipts from school
- ☐ Longevity-Attach Personnel Employee Profile
- ☐ Other _____

DO NOT WRITE IN THIS COLUMN

STATUS (Check one):

- Appointed Teacher ☐ Appointment date: _____
- Appointed Other ☐ (Secretary, Guid. Counselor, etc.)
- Regular Sub. ☐
- Per Diem ☐
- Para ☐
- If Substitute: _____
- First Working day this School Year _____

RETURN THIS FORM TO: 335 ADAMS STREET, BROOKLYN, NY 11201

Examiner: _____
Date: _____