



\_\_\_\_\_  
(Control Number)

\_\_\_\_\_  
(Date Received)

**DoDEA  
Customer Pay Inquiry System Worksheet**

TO: HRRF / CSR (name): \_\_\_\_\_

Office Location: \_\_\_\_\_

**Section 1: Employee Information**

1. Employee's Name: \_\_\_\_\_ 2. SSN: \_\_\_\_\_

3. E-Mail: \_\_\_\_\_

4. HQ /DSO/School: \_\_\_\_\_

5. Telephone No: \_\_\_\_\_ 6. FAX No. \_\_\_\_\_

5. Issues identified in section II and III are for pay period (s) ending \_\_\_\_\_

**Section II - Pay, Allowances, Benefits and Other Related Issues**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ASL                             | <input type="checkbox"/> Base Pay                  | <input type="checkbox"/> Health Benefits (FEHB)      |
| <input type="checkbox"/> Incorrect Leave Category/SCD    | <input type="checkbox"/> Incorrect SSN             | <input type="checkbox"/> Incorrect Step              |
| <input type="checkbox"/> Initial Step Placement          | <input type="checkbox"/> Leave                     | <input type="checkbox"/> Life Insurance (FEGLI)      |
| <input type="checkbox"/> Living Quarters Allowance (LQA) | <input type="checkbox"/> Misspelled Name           | <input type="checkbox"/> No PAY                      |
| <input type="checkbox"/> Pre-Conversion                  | <input type="checkbox"/> Recess Appointment        | <input type="checkbox"/> Step Increase/WIGI          |
| <input type="checkbox"/> TQSA                            | <input type="checkbox"/> Thrift Savings Plan (TSP) | <input type="checkbox"/> Tropical/ Area Differential |
| <input type="checkbox"/> Pay-Setting Base Pay            | <input type="checkbox"/> Post Allowance            | <input type="checkbox"/> Potential No Pay            |

**Section III - Employee's Description of Pay Problems**

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

(Continue on a separate sheet of paper if needed)

\*Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your pay inquiry.