

COVENTRY PUBLIC SCHOOLS  
COVENTRY, RI 02816

PAYROLL INQUIRY FORM

Date of Inquiry: _____	Payroll Date: _____
Employee's Name _____	
School/Office: _____	

Please fill in any questions or concerns.

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

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This part will be returned to employee with a reply.

Date of Response \_\_\_\_\_

TO: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

REPLY:

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Payroll Clerk: \_\_\_\_\_