

**Contract Salary Increase and Retro Payment**  
**Inquiry Form**

Name: \_\_\_\_\_ NYS ID# \_\_\_\_\_

Contract Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**This inquiry concerns:**

\_\_\_ Missing Salary Increase

\_\_\_ Missing Retro Payment

\_\_\_ Retro Payment Miscalculated

\_\_\_ Other

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

*Please note, processing this request will take between seven (7) to ten (10) business days upon receipt.*

