



THE NEWARK PUBLIC SCHOOLS
Human Resource Services
Employee Inquiry Form



Contact Center Agent: _____ **CRM #** _____

Full Name: _____ **Employee ID#:** _____

Address:
(No. PO Boxes) _____

Home Email: _____ **Work Email:** _____

Position: _____ **Location:** _____

Home #: _____ **Cell #:** _____

My inquiry is directed to:

AOS Benefits & Compensation Payroll Records & Verification HRS Other

State reason for inquiry:

Employee Signature _____ **Date** _____

FOR HRS USE ONLY

Action Taken:

Processed by: _____ **Date:** _____