



**LOS ANGELES UNIFIED SCHOOL DISTRICT PAYROLL
CUSTOMER SERVICE**
333 South Beaudry Ave., 27th Floor, Los Angeles, CA 90017
Tel. No. (213) 241-2570 Fax No. (866) 761-7413

SERVICE REQUEST FORM

TRACKING ID NO. _____

Employee Number: _____

Last Name: _____ First Name: _____

Work Location: _____

Contact Numbers: _____ (Best number to contact me)

_____ (Second best number to contact me)

Best time to contact me: _____

Your work assignment:

CERTIFICATED

- Teacher
- Substitute Teacher
- Certificated Administrator

CLASSIFIED

- Classified Hourly
- Classified Salary
- Classified Senior Management

(Please check all that apply)

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> A-basis | <input type="checkbox"/> Regular/Permanent | <input type="checkbox"/> Multiple Assignments |
| <input type="checkbox"/> B-basis | <input type="checkbox"/> Probationary | <input type="checkbox"/> Retiree |
| <input type="checkbox"/> C-basis | <input type="checkbox"/> Part-time/reduced hours | <input type="checkbox"/> Former Employee |
| <input type="checkbox"/> E-basis | <input type="checkbox"/> Temporary | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> On leave of absence | |
| | <input type="checkbox"/> On leave-to-higher | |
| | <input type="checkbox"/> Workers' Compensation | |

Type of Problem or Questions: (Briefly explain your problem or question.)

- No Pay Partial Pay Other questions

Payroll Support staff use:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Check not received or damaged | <input type="checkbox"/> Change in assignment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Did not get direct deposit | <input type="checkbox"/> Benefits, 403B, 457, Spending Accounts | _____ |
| <input type="checkbox"/> Pay rate/steps incorrect | <input type="checkbox"/> Retirement | _____ |

FOR SERVICE CENTER OFFICE USE ONLY:

Researcher: _____

Status of Request: Closed Forwarded to _____

Notes: _____