

CARIBBEAN NAZARENE COLLEGE

HUMAN RESOURCES INQUIRY SHEET

IN AN EFFORT TO BETTER SERVE YOU, PLEASE STATE YOUR HR INQUIRY

EMPLOYEE INQUIRY INFORMATION

Date Requested: _____ Faculty Member
Staff Member

Employee Name: _____ Employee Number: _____

E-Mail Address: _____ Phone/Extension: _____

INQUIRY DETAILS

Complete the form and give it to Human Resources department in the Administration Building. All inquiries will be addressed within 48 hours of receipt.

Indicate your inquiry in the space provided below

NOTE – Attach all supporting documentation.

FOR HUMAN RESOURCE USE ONLY

Date Replied: _____

HR Signature: _____

Comments:

