



FLIGHT ATTENDANT PAY INQUIRY FORM

INSTRUCTIONS: Complete Section A, B and C as accurately and completely as possible and submit to your Inflight base within 90 days of occurrence. **Attach copies of crew member activity report for the appropriate month(s) or quarter.** Incomplete forms will be returned unprocessed. Use a separate form for each month. Note: Additional notes and instructions on reverse side. Please review prior to processing.

SECTION A:

1. Employee Number: _____ 2. Name: _____

3. Seniority Number: _____ 4. Base: _____ 5. Date Submitted: _____

6. Inquiry for the Month of: _____ 7. Paycheck Dated: _____

8. Check one for pay adjustment over \$50.00
 Advance

9. Check status for month in question: Regular FA Reserve FA
 Add to next check

SECTION B: MARK THE BOX (S) THAT BEST APPLY TO YOUR INQUIRY.

CHECK	TYPE PAY MISSING	DATE	PATTERN NUMBER	PATTERN DATE	FLIGHT NO.	FLIGHT DATE	FROM	TO	ADD'L HOURS CLAIMED
<input type="checkbox"/>	Charter report time exception pay								
<input type="checkbox"/>	Crew bunk/rest seat – not provided								
<input type="checkbox"/>	Crew meal – not boarded								
<input type="checkbox"/>	Drug/Alcohol test pay								
<input type="checkbox"/>	Duty Period/Trip Hour Crew pay								
<input type="checkbox"/>	Enroute stop to stop – Flight pay								
<input type="checkbox"/>	Fuel/Operational stop – Flight pay								
<input type="checkbox"/>	Fuel/Operational stop – Ground holding pay								
<input type="checkbox"/>	Ground holding pay								
<input type="checkbox"/>	High time								
<input type="checkbox"/>	Holiday pay								
<input type="checkbox"/>	International flying pay								
<input type="checkbox"/>	Lead pay								
<input type="checkbox"/>	Over 18 hour pay								
<input type="checkbox"/>	Pattern guarantee								
<input type="checkbox"/>	Per diem								
<input type="checkbox"/>	Purser pay								
<input type="checkbox"/>	Quarterly overtime								
<input type="checkbox"/>	Release time exception								
<input type="checkbox"/>	Relief lead pay								
<input type="checkbox"/>	Report time exception								
<input type="checkbox"/>	Reserve guarantee								
<input type="checkbox"/>	Segment time discrepancy								
<input type="checkbox"/>	Short crew compensation								
<input type="checkbox"/>	Sick leave – accrual								
<input type="checkbox"/>	Sick leave – pay								
<input type="checkbox"/>	Standby pay – Hour report								
<input type="checkbox"/>	Standby pay – 2 hr & delay*								
<input type="checkbox"/>	Unpaid pattern								
<input type="checkbox"/>	Vacation – accrual								
<input type="checkbox"/>	Vacation – pay								
<input type="checkbox"/>	Other								

SECTION C: EXPLANATION:

FLIGHT ATTENDANT PAY INQUIRY FORM

USE:

Use this form to request any pay to which you feel you were entitled which was not reflected on the appropriate paycheck.

INSTRUCTIONS/PROCESSING:

- Complete Sections A and B as accurately and completely as possible.
- Use Section C to provide a written explanation of why you feel you are owed additional compensation.
- Submit this form to your Inflight base within 90 days of occurrence.
- Your Inflight base will review the form for completeness and timeliness/ If it is not complete or timely, it will be returned to you unprocessed. If it is, your base will forward it to Payroll for a more detailed review.
- Claims received by Payroll by the 5th of the month will be processed on the 13th paycheck.
- If received after the 5th, the claim will be processed on the following month's 13th paycheck.

SECTION D: FOR BASE USE ONLY

Complete/Timely

Incomplete/Untimely

Name (print): _____ Title: _____ Date: _____

IF COMPLETE AND TIMELY, FORWARD TO PAYROLL (A4710, MSP)

SECTION E: FOR PAYROLL USE ONLY

Your claim has been processed and will be paid/deducted on your ____/____/____ paycheck.
Amount: \$ _____

Your claim is denied. _____

See attached.

Name (print): _____ Title: _____ Date: _____