DEFENSE CIVILIAN PAY SYSTEM (DCPS) INQUIRY

Information collected on this form falls under the Privacy Act of 1974. Authority for collection of this information is Sec 31, US Code 492. The principal purpose for obtaining this information is to provide the Customer Service Representative sufficient information to insure proper delivery for paycheck, W-2 Forms, and savings bonds to employee. Information is routinely used for updating and verifying employee's payroll record. Disclosure of this information is voluntary; however, mailing cannot be accomplished without employee authorization.

ACTIVITY INFORMATION

Activity/POC/Employee Org Code/Phone Number

EMPLOYEE INFORMATION

Employee Name (Last, First, Middle)	SSN	Grade	Phone No.

Nature of Inquiry (Be Specific and write legibly)

Employee Signature	Date: 10/1/2002

CUSTOMER SERVICE REPRESENTATIVE RESPONSE

Description of Cause and Action Taken By CSR

Signature of CSR	Date:

FS Form 24-E
(DRM) 15 May 00