



STATE OF ALASKA
EMPLOYEE NOTICE OF PAY PROBLEM

PLEASE PRINT OR TYPE

EMPLOYEE NAME (Last, First MI)		EMP ID #	BARGAINING UNIT	
DEPARTMENT		DIVISION		LOCATION
PAY PROBLEM (Check appropriate box and explain below): Pay Shortage Warrant Late Late Termination Warrant Other Problem occurred in the pay period ending _____ (date). Explanation of Problem:				
EMPLOYEE SIGNATURE			DATE FILED	TIME FILED
SIGNATURE OF SUPERVISOR/FOREMAN		PRINTED NAME		DATE FILED
IMPORTANT NOTICE: Supervisor / Foreman must notify the appropriate Payroll/Human Resource office immediately and provide this form via fax, scanner, electronic mail, or postal service the day the Notice of Pay Problem (NOPP) is received. DEPARTMENT ACTION / RESPONSE (this section completed by Payroll/Human Resources office):				
DEPARTMENT AUTHORIZED SIGNATURE			PRINTED NAME	
			DATE	