State of Alaska
Department of Administration

Payroll Supplemental Warrant Request

Please Print or Type

GENERAL INFORMATION

HOME DEPT: _____ HOME UNIT: Z _____ EMPL ID NUM: _____ EMPLOYEE NAME: _____ APPT ID: _____

PAY ENTITY: _____ LAST MO OF HI ELIGIBILITY: _____ LAST DAY WORKED: _____ BARGAINING UNIT: _____

REASON FOR REQUEST

○ **Final Pay / Terminal Pay (D990 Added?)**

- ☐ PPE _____
- ☐ PPE _____
- ☐ W4 Changed
- ☐ Direct Deposit ☐ Mail
- ☐ Federal W/H Tax at 25% on Lump Sum (form attached)
- ☐ EE Requested Deferred Comp Contribution from Final/Term Leave Pay

○ **Replaces Pay Period Ending (PPE)** _____

○ **Special Request** _____

DOCUMENT(S) CREATED

DOCUMENT	DOCUMENT #:	DOCUMENT	DOCUMENT #:
☐ OTDED			
☐ OTPAY			
☐ PEND			
☐ TADJ			
☐ TIMEI			

PREPARED BY: _____ EMPL ID NUM: _____ PHONE: _____ DATE: _____

PAYROLL SERVICES/AGENCY HR: _____ APPROVED BY: _____ DATE: _____

DIVISION OF FINANCE USE ONLY

DOCUMENT	DOCUMENT #	DATE	CODE	AMOUNT
☐ NHAP				
☐ OTDED				
☐ OTPAY				
☐ STRG				
☐ _____				

TRIGGER TYPE:

○ Advance
○ Replacement
○ By Pay Type
○ Multiple Payments

WARRANT #: _____ NET AMOUNT: _____

VERIFIED:

☐ OCHK
☐ LEAVE
☐ NHAP
☐ PENDING DEDUCTIONS
☐ HOLD

PROCESSED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____