

STATE OF ALASKA EMPLOYEE NOTICE OF PAY PROBLEM

PLEASE PRINT OR TYPE

EMPLOYEE NAME (Last, First MI)		EMP ID #	BAR	GAINING UNIT
DEPARTMENT	DIVISION	1	LOC	ATION
PAY PROBLEM (Check appropriate box and exp	lain below):		•	
☐ Pay Shortage ☐ Warrant Late ☐ Late T	ermination Warr	ant 🗆 Other		
Problem occurred in the pay period ending	(da	te).		
Explanation of Problem:				
				1
EMPLOYEE SIGNATURE			DATE FILED	TIME FILED
SIGNATURE OF SUPERVISOR/FOREMAN	PRINTED NA	ME	DATE FILED	TIME FILED
IMPORTANT NOTICE: Supervisor / Foreman				l provide this
form via fax, scanner, electronic mail, or postal service the day the Notice of Pay Problem (NOPP) is received. DOF PAYROLL SERVICES ACTION / RESPONSE:				
DOI PATROLL SERVICES ACTION / RESP	ONSE:			
PAYROLL SERVICES MANAGER (OR DESIGNEE) SIG	CNATURE	PRINTED NAME		DATE
PAYROLL SERVICES MANAGER (OR DESIGNEE) SIG	GNATURE	PRINTED NAME		DATE