



**STATE OF ALASKA**  
**EMPLOYEE NOTICE OF PAY PROBLEM**

PLEASE PRINT OR TYPE

<b>EMPLOYEE NAME</b> (Last, First MI)		<b>EMP ID #</b>	<b>BARGAINING UNIT</b>	
<b>DEPARTMENT</b>		<b>DIVISION</b>		<b>LOCATION</b>
<b>PAY PROBLEM</b> (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:				
<b>EMPLOYEE SIGNATURE</b>			<b>DATE FILED</b>	<b>TIME FILED</b>
<b>SIGNATURE OF SUPERVISOR/FOREMAN</b>		<b>PRINTED NAME</b>		<b>DATE FILED</b>
<b>IMPORTANT NOTICE:</b> 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. <b>DEPARTMENT ACTION / RESPONSE</b> (this section completed by Payroll/Human Resources office):				
<b>DEPARTMENT AUTHORIZED SIGNATURE</b>			<b>PRINTED NAME</b>	
			<b>DATE</b>	

Distribution by Payroll/HR Office:  
 Original – Payroll/HR Office; Copies – Labor Relations, Union/Association Representative, Employee