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**	**TIME FILED**

IMPORTANT NOTICE: Supervisor / Foreman must notify the DOP&LR Payroll Services office immediately and provide this form via fax, scanner, electronic mail, or postal service the day the Notice of Pay Problem (NOPP) is received.

DOP&LR PAYROLL SERVICES ACTION / RESPONSE:

PAYROLL SERVICES MANAGER (OR DESIGNEE) SIGNATURE	**PRINTED NAME**	**DATE**

Distribution by Payroll Services:
Original – DOP&LR Payroll Services
Copies – Department HR Office; Labor Relations; Union/Association Representative; Employee