STATE OF ALASKA

EMPLOYEE NOTICE OF PAY PROBLEM

PLEASE PRINT OR TYPE

EMPLOYEE NAME (Last, First, MI)	SOCIAL SECURITY NUMBER	BARGAINING UNIT

DEPARTMENT	DIVISION	LOCATION

PAY PROBLEM (Check the appropriate box and explain below.)

☐ Pay Shortage ☐ Paycheck Late ☐ Late Termination Check ☐ 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 or Foreman must notify the appropriate department office by telephone, teletype, radio, or electronic mail the day the Notice of Pay Problem is received. Follow-up by sending the form to the appropriate department Payroll/Human Resources office.

DEPARTMENT ACTION/RESPONSE (to be completed by department Payroll/Human Resources office.)

DEPARTMENT AUTHORIZED SIGNATURE	PRINTED NAME	DATE

Distribution to be made by department Payroll/Human Resources office

Copy 1 - Department Payroll/Human Resources office
2 - Labor Relations Section, Dept. of Administration
3 - Union or Association Representative
4 - Employee