



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	
<p>PAY PROBLEM (Check the appropriate box and explain below.)</p> <p> <input type="checkbox"/> Pay Shortage <input type="checkbox"/> Paycheck Late <input type="checkbox"/> Late Termination Check <input type="checkbox"/> Other </p> <p>Problem occurred in the pay period ending _____ (date).</p> <p>Explanation of Problem:</p> <p style="margin-left: 40px;">I object to the shortage (\$21.50 per pay period) resulting from the State's disregard of Article 17.1 of the collective bargaining agreement (CBA), requiring the State to "increase" the "amount of its health insurance contribution as "necessary to maintain comparable coverage." Monetary terms of the CBA stay in effect until new terms are ratified by the Legislature.</p>			
EMPLOYEE SIGNATURE		DATE FILED	TIME FILED
SIGNATURE OF SUPERVISOR/FOREMAN	PRINTED NAME	DATE FILED	TIME FILED
<p>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.</p>			
<p>DEPARTMENT ACTION/RESPONSE (to be completed by department Payroll/Human Resources office.)</p>			
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