



THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

August 29, 2016

MEMORANDUM

TO: ALL DIVISIONS, DEPARTMENTS AND PROGRAMS

FROM:

Herman McClanahan Jr., Supervisor

CASHIER'S SECTION/OFFICE OF THE CONTROLLER

THRU:

Lena D. Arviso, Accounting Manager

CASHIER'S SECTION/OFFICE OF THE CONTROLLER

SUBJECT: PAYROLL/REIMBURSEMENT SIGNATURE AUTHORIZATION FORM FOR FISCAL YEAR 2017.

Attached, please find the Signature Authorization Form for FY 2017. To ease confusion and numerous pieces of paper, signatures are combined on one sheet. **A maximum of five signatures is requested for payroll and a maximum of five signatures for reimbursement.** Please plan ahead when authorized personnel are out of the office. Checks will not be released to individuals without prior written authorization *concurring by the director*. The deadline for the Signature Authorization Form to be turned in is on September 30, 2016.

If there are no authorized personnel available to sign out for payroll or reimbursement checks, a memorandum delegating a permanent **employee** must be initiated by the Department and concurred by the Department Director. If the Department Director is unavailable, a standing delegation that is *within the current fiscal year* must be attached to the memorandum requesting release of Payroll and Reimbursement checks. **A REQUEST MUST BE SUBMITTED TO THE CASHIERS OFFICE IN ADVANCE.** Cashier's Office will only accept original memos, NO FAX OR XEROX COPIES.

Only personnel on the Signature Authorization Form WILL BE given information on the Payroll, Reimbursement or Vendor checks, this includes telephone inquiries or in person. The Cashier's Office handles numerous telephone calls from the same department, which ties up the phone line, when legitimate authorized personnel are trying to call the Cashier's Office.

REMINDER: TIMEKEEPERS/ALTERNATES ARE NOT AUTHORIZED TO PICK UP PAYROLL CHECKS AND TEMPORARY EMPLOYEES ARE NOT AUTHORIZED TO PICK UP ANY TYPE OF CHECKS.

CONCURRENCE:

Jim Parris, Controller

OFFICE OF THE CONTROLLER

**OFFICE OF THE CONTROLLER
CASHIER'S SECTION
FY 2017**

AUTHORIZED PERSONNEL TO PICK UP PAYROLL & REIMBURSEMENTS
**TEMPORARY EMPLOYEES ARE NOT AUTHORIZED TO
PICK UP PAYROLL AND REIMBURSEMENTS**

DEPARTMENT NAME	DEPT. NUMBER	EXT/PHONE NO.
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**AUTHORIZED PERSONNEL, ON LEAVE, CANNOT REQUEST INFORMATION OR SIGN OUT FOR ANY
CHECKS, PAYROLL AND/OR REIMBURSEMENTS**

PLEASE LIST ALL DEPARTMENT PERSONNEL WHO WILL BE AUTHORIZED TO PICK UP PAYROLL
NOTE: *TIMEKEEPERS/ALTERNATES ARE NOT AUTHORIZED TO PICKUP PAYROLL*

PLEASE TYPE OR PRINT NAMES:

SAMPLE SIGNATURE:

**PLEASE LIST ALL DEPARTMENT PERSONNEL WHO WILL BE AUTHORIZED TO PICK UP
REIMBURSEMENT AND/OR VENDOR CHECKS**

PLEASE TYPE OR PRINT NAMES:

SAMPLE SIGNATURE:

EFFECTIVE DATE: _____

PRINT PROGRAM DIRECTOR/MANAGER'S NAME	DIRECTOR'S SIGNATURE
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ORIGINAL FORM MUST REMAIN IN CASHIER'S OFFICE
PLEASE DO NOT DUPLICATE THIS FORM
Please use BLUE or BLACK INK. NO-WHITE OUT OR CORRECTION FLUID/TAPE