



THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

September 13, 2017

MEMORANDUM

TO: ALL DIVISIONS, DEPARTMENTS AND PROGRAMS

FROM: *Lena D. Arviso*
Lena D. Arviso, Accounting Manager
CASHIER'S SECTION/OFFICE OF THE CONTROLLER

SUBJECT: PAYROLL/REIMBURSEMENT SIGNATURE AUTHORIZATION FORM FOR FISCAL YEAR 2018.

Please find the Signature Authorization Form for FY'2018 on the Office of the Controller website, located under forms. All signatures will be combined on one form to decrease confusion and numerous paperwork. **A maximum of five signatures is requested for each payroll and reimbursement checks, as indicated on the form.** The deadline to submit the Signature Authorization Form is September 29, 2017.

Please plan accordingly when authorized personnel are on scheduled or unscheduled leave. Checks will not be released to individuals without prior written authorization *concurring by the director*. If no authorized personnel are 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 the 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, which ties up the phone line when 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:

Pearline Kirk
Pearline Kirk, Controller
OFFICE OF THE CONTROLLER

**OFFICE OF THE CONTROLLER
CASHIER'S SECTION
FY 2018**

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

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.