

REQUEST FOR FAMILY EMERGENCY PAY ADVANCE

Name: _____ Soc. Sec. No.: _____
Last First M.I.

Employee Address: _____

Division: _____ Department: _____ Dept No.: _____

Telephone No.: _____ Do you have an outstanding pay advance? YES NO

Pursuant to the current Navajo Nation Personnel Policies and Procedures Manual, Pay Advances are allowable in one of two situations, 1) Tribal Business or 2) Family Emergency. A family emergency is defined by, the Navajo Nation Personnel Policies and Procedures Manual as either a "serious illness or death in the immediate family."

REASON (Check one):

- Serious illness in the family _____
- Death in the immediate family _____

NET AMOUNT OF LAST PAYCHECK: \$ _____ **AMOUNT REQUESTED: \$** _____

I, _____, understand that this family emergency pay advance is conditioned upon the accuracy and truthfulness of the information furnished by me and shown on this form. I further understand that I must be a regular status employee and that the full amount of \$ _____ (advance amount) will be deducted from my paycheck in accordance with current payroll processing procedures.

Requesting Employee's Signature Date

APPROVAL:

The following signatures are required to approve this request for family emergency pay advance. As an approving authority, I have verified that the applicant is a regular status employee and that the information given is in compliance with the Navajo Nation Personnel Policies and Procedures Manual.

Immediate Supervisor or Department Head:

Signature Title Date

Division Director

Signature Title Date

FOR OFFICE OF THE CONTROLLER USE ONLY

APPROVE

DISAPPROVE

Signature of Controller or Designee Date

ORIGINAL –AP Demand Check
 YELLOW –Payroll Section

Account #: 10.0259

Accounting Use Only	By (initials)	On (date)
Outstanding Advance: YES NO		
Pay amount verified:		
Employment Status Verified:		
Manual Check Issued:		
P.P.E. to be deducted:		