

## NAVAJO NATION

## OFFICE OF THE CONTROLLER PAYROLL SECTION

P.O. Box 3150 • Window Rock, Arizona 86515 • (928) 871-6398 E-Mail: payrolldocs@nnooc.org

## **REQUEST FOR CHECK COPY**

ATTN: Office of the Controller, Payr	oll Section	
Please provide a check copy for the	following employee:	
NAME:		
SOCIAL SECURITY #		
CURRENT MAILING ADDRESS:		
P.O. Box/Street Address:		
CITY:	STATE:	ZIP CODE:
Contact Phone Number: ( ) _		
My payroll checks are:	Regular Issued checks	Direct Deposit
My Check Copy request is for Pay Perio	d Ending date(s):	
WORK LOCATION AND DEPARTMEN	NT NUMBER: (LAST EMPLOYEMENT)	
Department Name:		
Department Number:		
CHECK COPY REQUESTED FOR THE I	FOLLOWING REASON:	
Never Received	Misplaced or Destroyed	
Other (Explain)		
Employee Signature		Date
FOR PAYROLL DEPARTMENT USE O	NLY:	
Processed by:		<u></u>
Pa	ayroll Personnel	Date
Mailed/Picked up by:		
	Employee Signature	Date