

NÁVÁJO NÁTION OFFICE OF THE CONTROLLER PAYROLL SECTION P.O.BOX 3150, WINDOW ROCK, ARIZONA 86515 (928) 871-6398 E-Mail: payrolldocs@nnooc.org

Payroll Signature Authorization For Master Timesheets, Overtime & Payroll Backpay Request Forms Fiscal Year 2024

Dept Number	Department Name	Department Address
	Department Physical Address	Fax Number
Provide two telephone r (No Answering Machine N Please provide sample of timesheets and back page	Numbers) (Primary Telephone Number) of signatures of the employees who have the authorization	er) (Alternate Telephone Number) on to prepare or approve the department's bi-weekly payroll
Primary Timekeeper's Name & Title		Primary Timekeeper's Signature
Primary Timekeeper's AB Number		Primary Timekeeper's Email Address (Navajo Nation Only)
Alternate Timekeeper's Name and Title		Alternate Timekeeper's Signature
Alternate Timekeeper's AB Number		Alternate Timekeeper's Email Address (Navajo Nation Only)
Approver Department Director's Name and Title		Approver Department Director's Signature
Approver De	partment Director's AB Number	Approver Department Director's Email Address (Navajo Nation <u>Only</u>)
departmentOnly the operation of the oper	nt payroll checks from the Office of the Controller Cashi designated timekeeper will make corrections or adjustme	ents on the timesheet and/or back pay form. the approver's name appears on the department timesheet, then his/her

Approver Division/Executive Director Name and Title

Approver Division/Executive Director's Signature

Approver Division/Executive Director's AB Number

Approver Division/Executive Director's Email Address (Navajo Nation <u>Only</u>)

Note: When the Department Director is on leave, please have the payroll timesheets/back pay forms approved by the Division Director. If both are not available, attach a delegation of the individual that is approving the timesheet/back pay form. Division Directors are required to have their hours approved by the Office of the President/Vice President.