

**NAVAJO NATION
OFFICE OF THE CONTROLLER
PAYROLL BACKPAY REQUEST FORM**

EMPLOYEE NAME: _____ SSN: _____ AB#: _____

DEPT. NO.: _____ TYPE OF REQUEST: _____

REQUEST FOR PPE:	PPE:	PPE:	PPE:
REGULAR HRS:			
HOL. PAY HRS:			
A/LEAVE HRS:			
S/LEAVE HRS:			
COMP. TIME:			
ADMIN/LEAVE HRS:			
TOTAL HOURS:			

GRAND TOTAL HOURS: _____

RATE ADJUSTMENT:

NEW RATE: _____	A/L PAYOFF: _____
OLD RATE: _____	ACCOUNT NO.: _____
DIFF RETRO: _____	HOURLY RATE: _____

JUSTIFICATION or DESCRIPTION:

APPROVAL: _____ DATE: _____
Type Authorized Approver's Name **Signature**

FOR PAYROLL OFFICE USE ONLY
CHECK OFF LIST FOR INPUT

_____ REGULAR HOURS	_____ DEDUCTIONS ADJUSTED	_____ A/L ADJUSTED
_____ TAX MULTIPLIER	_____ BENEFITS ADJUSTED	_____ S/L ADJUSTED

VERIFIED BY: _____ APPROVED FOR: _____ HOURS@ _____ RATE