

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

**EMPLOYEE NAME:** \_\_\_\_\_ **SOCIAL SECURITY NO. or 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**