



THE NAVAJO NATION

P.O. Box 3150

Window Rock, Arizona 86515

928-871-6398

Russell Begaye
President

Jonathan Nez
Vice-President

REQUEST FOR CHECK COPY

ATTN: Office of the Controller, Payroll 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 Period Ending date(s): _____

WORK LOCATION AND DEPARTMENT NUMBER: (LAST EMPLOYEMENT)

Department Name: _____

Department Number: _____

CHECK COPY REQUESTED FOR THE FOLLOWING REASON:

Never Received Misplaced or Destroyed

Other (Explain) _____

Employee Signature

Date

FOR PAYROLL DEPARTMENT USE ONLY:

Processed by: _____

Payroll Personnel

Date

Mailed/Picked up by: _____

Employee Signature

Date