



THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT  
JONATHAN NEZ VICE-PRESIDENT

## MEMORANDUM

To: Navajo Nation Supervisor/Employee

From: *Pearline Kirk*  
Pearline Kirk, Controller  
Office of Controller

Date: January 2, 2018

Re: BENEFICIARY DESIGNATION FORM

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This memorandum will serve to notify that Navajo Nation Office of Controller's initiative to resolve an on-going issue of who will receive the final paycheck, annual leave pay off and/or travel reimbursements of a Navajo Nation employee who has become afflicted with a serious disability which impedes their capability to make appropriate decisions or is deceased during his/her employment.

When this untimely departure occurs there are times when a beneficiary has not been determined, to avoid these instances please work with your staff to fill out the attached Beneficiary Designation Form for the Office of the Controller.

The attached form is intended to be utilized in accordance with the Navajo Nation Personnel Policy Manual Section XV, I, 3; which reads: "The Supervisor shall take reasonable steps to assure that arrangements are made to provide payment to the employee's estate of any salary, overtime, or accrued annual leave payments due."

Supervisors may photocopy the form or download the from [www.nnooc.org](http://www.nnooc.org) website as necessary ensuring that all subordinates complete and sign the form. These forms will be returned to the Payroll Section and kept on file for the duration of employment.

Your utmost cooperation is appreciated. Should there be any question, please contact the Payroll Office at extension 6398. Thank you.

xc: Pearline Kirk, Controller, OOC  
File

**OFFICE OF THE CONTROLLER  
PAYEE DESIGNATION**

Employee Name	Social Security #	Date of Birth	Date of Hire

**Naming a Primary Payee**

Please list on the line below the full name of the individual you want to receive financial payments (final payroll, annual leave payout, outstanding travel reimbursements, and any other work-related reimbursement) from the Navajo Nation Office of the Controller in the event of your untimely death or if you receive serious injuries or become afflicted with a serious disability which impedes your capacity to make appropriate decisions on your behalf. You may name only one person to receive these payments. The person is deemed to be your Primary Payee. **Please Note: Failure to name a Primary Payee shall cause any financial payment as described above to be payable only to your estate.**

Primary Payee (Last, First, MI)	Mailing Address	Relation to Employee	Percent Share of Proceeds
			100%

**Naming a Secondary Payee or Contingent Payee**

Please list on the line below the individual who should receive financial payments (as describe above) from the Navajo Nation Office of the Controller in the event the individual listed as your Primary Payee is not living at the time of your death. This person shall be deemed to be your Secondary Payee or Contingent payee. The Secondary Payee or Contingent Payee shall not receive any financial payment for the Navajo Nation Office of the Controller unless the Primary payee is not living at the time of your death.

Secondary Payee or Contingent Payee (last, First, MI)	Mailing Address	Relationship to Employee	Percent Share of Proceeds
			100%

**THE DESIGNATION OF A PRIMARY PAYEE AND A SECONDARY PAYEE OR CONTINGENT PAYEE IS LIMITED TO ONLY THE FINANCIAL PAYMENTS LISTED ABOVE. IT DOES NOT SUPERCEDE, AND CAN NOT BE USED TO CHALLENGE, THE NAMING OF THE BENEFICIARY OR BENEFICIARIES FOR PAYMENT OF LIFE INSURANCE BENEFITS, RETIREMENT BENEFITS, OR ANY OTHER STATUTORY BENEFITS THAT THE EMPLOYEE MAY BE ENTITLED TO.**

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Employee Signature

Date Signed

Employee: Make a copy of this form for your records before submitting it to your employer.

Employer: This original form should remain at the employer's site. Payee changes should be recorded on another form.



**MEMORANDUM**

**TO:** ALL CONCERNED

**FROM:** *Pearline Kirk*  
Pearline Kirk  
Controller  
Office of the Controller

**DATE:** February 21, 2017

**SUBJECT:** **STANDING DELEGATION OF AUTHORITY**

This memorandum will serve to inform you that when the Controller of the Navajo Nation is on leave or on travel status, the following order of delegation will be in effect immediately. The individuals will be delegated the responsibility to sign any documents that are of a "routine" nature, and all other documents considered "significantly questionable" will be referred to the Controller upon her return. This delegation will be continuous until rescinded or revised in writing.

Your cooperation with the delegated individuals is expected and appreciated. Thank you.

**ACKNOWLEDGEMENT:**

1. *Robert Willie*  
Robert Willie, Accounting Manager
2. *Laura Johnson*  
Laura Johnson, FMIS Project Manager
3. *Lorena M. Eldridge*  
Lorena M. Eldridge, Accounting Manager
4. *Janice M. Haskie*  
Janice M. Haskie, Accounting Manager

**DISTRIBUTION**