

THE NAVAJO NATION



JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT

August 27, 2021

MEMORANDUM

TO: ALL DIVISIONS, DEPARTMENTS AND PROGRAMS

FROM:

A handwritten signature in blue ink, appearing to read "Roberta Holyan".

Roberta Holyan, Cashier's Supervisor

CASHIER'S SECTION/OFFICE OF THE CONTROLLER

SUBJECT: FY'2022 PAYROLL/REIMBURSEMENT SIGNATURE AUTHORIZATION FORM

Due to the COVID 19 emergency, Office of the Controller will remind to keep their doors closed to the public for the safety of the staff. Cashier's Section will continue to mail all of Accounts Payable and Payroll checks to the addresses on FMIS. Payroll direct deposit advices will be allowed to be pick up by Division authorized personnel during Payroll week at Administration Building #1.

Please find the Signature Authorization Form for FY'2022 on the Office of the Controller website, located under forms. All signatures will be combined on one form to decrease confusion and numerous paperwork. A **maximum of five signatures is allowed for each payroll and reimbursement checks, as indicated on the form.** The deadline to submit the Signature Authorization Form is **September 30, 2021.**

If you have any questions, please contact the Office of the Controller, Cashiers at cashiers@nnooc.org.

CONCURRENCE:

A handwritten signature in black ink, appearing to read "Elizabeth Begay".
Elizabeth Begay, Acting Controller
OFFICE OF THE CONTROLLER

Cc: file Distribution

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OFFICE OF THE CONTROLLER CASHIER'S SECTION FY 2022

AUTHORIZED PERSONNEL TO PICK UP PAYROLL & REIMBURSEMENTS
TEMPORARY/PROBATIONARY EMPLOYEES ARE NOT AUTHORIZED TO
PICK UP PAYROLL AND REIMBURSEMENTS.

DEPARTMENT NAME

DEPT. NUMBER

EXT/PHONE NO.

AUTHORIZED PERSONNEL, ON LEAVE, CANNOT REQUEST INFORMATION OR SIGN OUT
FOR ANY CHECKS, PAYROLL AND/OR REIMBURSEMENTS

PLEASE LIST ALL DEPARTMENT PERSONNEL WHO WILL BE AUTHORIZED TO PICK UP PAYROLL
NOTE: TIMEKEEPERS/ALTERNATES ARE NOT AUTHORIZED TO PICKUP PAYROLL

PLEASE TYPE OR PRINT NAMES:

SAMPLE SIGNATURE:

PLEASE LIST ALL DEPARTMENT PERSONNEL WHO WILL BE AUTHORIZED TO PICK UP
REIMBURSEMENT AND/OR VENDOR CHECKS

PLEASE TYPE OR PRINT NAMES:

SAMPLE SIGNATURE:

EFFECTIVE DATE: October 1, 2021

PRINT PROGRAM DIRECTOR/MANAGER'S NAME

DIRECTOR'S SIGNATURE

ORIGINAL FORM MUST REMAIN IN CASHIER'S OFFICE
PLEASE DO NOT DUPLICATE THIS FORM

Please use BLUE or BLACK INK. NO-WHITE OUT OR CORRECTION FLUID/TAPE.