



# THE NAVAJO NATION

P.O. Box 3150

Window Rock, Arizona 86515

928-871-6398

## 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

**Date**

Mailed/Picked up by: \_\_\_\_\_

**Employee Signature**

\_\_\_\_\_  
Date

**Date**