

# REQUEST FOR FAMILY EMERGENCY PAY ADVANCE

Email: payrolldocs@nnooc.org

Name: \_\_\_\_\_ AB#: \_\_\_\_\_  
Last First M.I.

Employee Address: \_\_\_\_\_

Division: \_\_\_\_\_ Department: \_\_\_\_\_ Dept No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Do you have an outstanding pay advance?  YES  NO

*Pursuant to the current Navajo Nation Personnel Policies and Procedures Manual, Pay Advances are allowable in one of two situations, 1) Tribal Business or 2) Family Emergency. A family emergency is defined by the Navajo Nation Personnel Policies and Procedures Manual as either a "serious illness or death in the immediate family."*

## REASON (Check one):

Serious illness in the family \_\_\_\_\_

Death in the immediate family \_\_\_\_\_

NET AMOUNT OF LAST PAYCHECK: \$ \_\_\_\_\_ AMOUNT REQUESTED: \$ \_\_\_\_\_

*I, \_\_\_\_\_, understand this family emergency pay advance is conditioned upon the accuracy and truthfulness of the information furnished by me and shown on this form. I further understand that I am a regular status employee permitted two family emergency pay advances annually. The full amount of \$\_\_\_\_\_ (advance amount) will be deducted from my paycheck in accordance with current payroll processing procedures.*

\_\_\_\_\_  
Requesting Employee's Signature

\_\_\_\_\_  
Date

## APPROVAL:

*The following signatures are required to approve this request for family emergency pay advance. As an approving authority, I have verified that the applicant is a regular status employee and the information given is in compliance with the Navajo Nation Personnel Policies and Procedures Manual and Office of the Controller Policies and Procedures.*

## Immediate Supervisor or Department/Program Manager:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Division Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## OFFICE OF THE CONTROLLER USE ONLY

APPROVE

DISAPPROVE

\_\_\_\_\_  
Signature of Controller or Designee

\_\_\_\_\_  
Date

ORIGINAL –AP Demand Check

Account #: 10.0259

Accounting Use Only	Verified (initials)	Date
Outstanding Advance: Y/N # of Requests: 1 2		
Net Pay amount verified:		
Employee Status: Y/N Regular FT		
PPE to be deducted:		
AP Manual Check Issued:		