



# NAVAJO NATION

## OFFICE OF THE CONTROLLER

### PAYROLL SECTION

P.O. Box 3150 • Window Rock, Arizona 86515 • (928) 871-6398  
E-Mail: payrolldocs@nnooc.org

### Payroll Signature Authorization For Timesheets & Back Pay Forms Fiscal Year 2022

_____	_____	_____
Dept Number	Department Name	Department Address
_____	_____	_____
	Department Physical Address	Fax Number

Provide two telephone numbers:  
(No Answering Machine Numbers) \_\_\_\_\_ (Primary Telephone Number) \_\_\_\_\_ (Alternate Telephone Number)

Please provide sample of signatures of the employees who have the authorization to prepare or approve the department's bi-weekly payroll timesheets and back pay forms.

_____	_____
Primary Timekeeper's Name & Title	Primary Timekeeper's Signature
_____	_____
Primary Timekeeper's AB Number	Primary Timekeeper's Email Address ( <i>Navajo Nation <b>Only</b></i> )

_____	_____
Alternate Timekeeper's Name and Title	Alternate Timekeeper's Signature
_____	_____
Alternate Timekeeper's AB Number	Alternate Timekeeper's Email Address ( <i>Navajo Nation <b>Only</b></i> )

_____	_____
Approver Department Director's Name and Title	Approver Department Director's Signature
_____	_____
Approver Department Director's AB Number	Approver Department Director's Email Address ( <i>Navajo Nation <b>Only</b></i> )

- Note:
- By preparing/reviewing/approving your department's payroll timesheets, the employee designated above are not authorized to pick up department payroll checks from the Office of the Controller Cashier's Office.
  - Only the designated timekeeper will make corrections or adjustments on the timesheet and/or back pay form.
  - Timekeepers are not allowed to make changes on their hours. If the approver's name appears on the department timesheet, then his/her supervisor needs to approve the approver's hours.
  - Variations of this form will not be accepted.

#### DIVISION DIRECTOR'S APPROVAL OF THE DESIGNATED INDIVIDUALS:

_____	_____
Approver Division/Executive Director Name and Title	Approver Division/Executive Director's Signature
_____	_____
Approver Division/Executive Director's AB Number	Approver Division/Executive Director's Email Address ( <i>Navajo Nation <b>Only</b></i> )

Note: When the Department Director is on leave, please have the payroll timesheets/back pay forms approved by the Division Director. If both are not available, attach a delegation of the individual that is approving the timesheet/back pay form. Division Directors are required to have their hours approved by the Office of the President/Vice President.