



**DR. BUU NYGREN** *PRESIDENT*  
**RICHELLE MONTOYA** *VICE PRESIDENT*


The Navajo Nation | Yideeskáądi Nitsáhákees

September 03, 2024

**MEMORANDUM**

**TO: ALL DIVISIONS, DEPARTMENTS AND PROGRAMS**

**FROM:**

  
Roberta Holyan, Delegated Manager  
**CASHIER'S SECTION**  
**OFFICE OF THE CONTROLLER**

**SUBJECT: CASHIER'S SIGNATURE AUTHORIZATION FORM**

Beginning with Fiscal Year 2025 there will be changes, Cashier's will no longer request for new form each Fiscal Year. The form will be on file for continuous usage until the Program needs to update the Signature Authorization Form. Contact the Cashier's Section at 928-871-6307/7518/6659 if you have any questions.


You will find the Cashier's Signature Authorization Form 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 will be allowed for each payroll and reimbursement check, as indicated on the form. The deadline to submit the Signature Authorization Form will be September 30, 2024, Cashier's will honor a clean scan copy for our file, email to [cashiers@nnooc.org](mailto:cashiers@nnooc.org).

**PLEASE PLAN ACCORDINGLY WHEN AUTHORIZED PERSONNEL WILL BE UNAVAILABLE.**

Checks will not be released without prior written approval. When authorized personnel are unavailable to pick up any type of checks, a memorandum delegating a permanent employee must be initiated by the Program. If the Program Director is unavailable, a standing delegation within the current fiscal year must be attached to the memorandum requesting the release of any checks. Only personnel on the Signature Authorization Form will be given information on Payroll, Reimbursement and Vendor checks, this includes telephone inquiries or in person.

**REMINDER: PRIMARY/ALTERNATE TIMEKEEPERS WILL NOT BE AUTHORIZED TO PICK UP PAYROLL CHECKS. TEMPORARY AND 90-DAYS PROBATIONARY STATUS EMPLOYEES WILL NOT BE AUTHORIZED TO PICK ANY TYPE OF CHECKS OR INQUIRY.**

**CONCURRENCE:**

  
Sean McCabe, Controller  
**OFFICE OF THE CONTROLLER**

cc: file Distribution



**OFFICE OF THE CONTROLLER  
 CASHIER'S SECTION**

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

DEPARTMENT NAME

DEPT. NUMBER

EXT/PHONE NO.

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

**PLEASE LIST ALL DEPARTMENT PERSONNEL WHO WILL BE AUTHORIZED TO PICK UP PAYROLL**  
**NOTE: PRIMARY/ALTERNATE TIMEKEEPERS ARE NOT AUTHORIZED TO PICK UP PAYROLL**

PLEASE TYPE OR PRINT NAMES:

SAMPLE SIGNATURE:

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

PLEASE TYPE OR PRINT NAMES:

SAMPLE SIGNATURE:

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EFFECTIVE DATE: October 01, 2024

PRINT PROGRAM DIRECTOR/MANAGER'S NAME

DIRECTOR'S SIGNATURE

**EMAIL A CLEAN SCAN COPY OR SUBMIT THE ORIGINAL FORM TO CASHIER'S OFFICE.**

**PLEASE DO NOT DUPLICATE THIS FORM**

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