



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 Master Timesheets, Overtime & Payroll Backpay Request Forms Fiscal Year 2025

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