# Payroll Backpay Instructions

1.  **Employee Name** - The name of the employee who is to be backpay.    This name should coincide with the Personnel Action Form.

2.  **S.S.N.** - Social Security. Number of the employee who is being paid.    This number should coincide with the Social Security Card.

3.  **Department #** - The department where the employee works.

4.  **Type of Request** - Indicate the type of payment that is being requested, (ie: retroactive, salary adjustment, short payment, etc.)

5.  **Pay Period Ending** - Indicate Pay Period Ending(s) payment is being requested.

6.  **Grand Total Hours** - Combined all of P.P.E.'s totals.

7.  **Annual Leave Payoff** - Hours of annual leave to be paid off.    Youth & temporary employees do not have annual/sick leave.

8.  **New Rate, Old Rate, Dif Retro** - Use for retro-active payment only.

9.  **Account Number** - The account number the payment is to be charged to.

10.  **Hourly Rate** - Rate which employee is paid at.

11.  **Justification or Description** - Describe briefly as to why this payment is being requested.

12.  **Approval** -      The Agency Director's signature.
                          The Program Director's signature.

13.  **Date** - Date when backpay is signed/prepared.

14.  **Payroll Verification** - For Payroll Office use only.

**NOTE:** Only original backpay will be processed, no photo copies. Fax copy is accepted depending on the urgency or situation, distance is considered.

# NAVAJO NATION
## OFFICE OF THE CONTROLLER
## PAYROLL BACKPAY REQUEST FORM

EMPLOYEE NAME: **[1]** _____     SOCIAL SECURITY NO.: **[2]** _____

DEPT. NO.: **[3]** _____     TYPE OF REQUEST: **[4]** _____

REQUEST FOR PPE: **[5]** _____     PPE: _____     PPE: _____     PPE: _____

REGULAR HRS: _____ _____ _____ _____

HOL. PAY HRS: _____ _____ _____ _____

A/LEAVE HRS: _____ _____ _____ _____

S/LEAVE HRS: _____ _____ _____ _____

COMP. TIME: _____ _____ _____ _____

TOTAL HOURS: _____ _____ _____ _____

GRAND TOTAL HOURS: **[6]** _____

RATE ADJUSTMENT:

NEW RATE: _____     A/L PAYOFF: **[7]** _____

**[8]** OLD RATE: _____     ACCOUNT NO.: **[9]** _____

DIFF RETRO: _____     HOURLY RATE: **[10]** _____

JUSTIFICATION or DESCRIPTION:

**[11]**

APPROVAL: **[12]** _____     DATE: **[13]** _____
(AUTHORIZED PERSONNEL ONLY)

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**[14]**     **FOR PAYROLL OFFICE USE ONLY**
CHECK OFF LIST FOR INPUT

_____ REGULAR HOURS     _____ DEDUCTIONS ADJUSTED     _____ A/L  ADJUSTED

_____ TAX MULTIPLIER     _____ BENEFITS ADJUSTED     _____ S/L  ADJUSTED

VERIFIED BY: _____     APPROVED FOR: _____ HOURS@ _____ RATE