



# NAVAJO NATION

## OFFICE OF THE CONTROLLER

### PAYROLL SECTION

P.O. Box 3150 • Window Rock, Arizona 86515 • (928) 871-6398  
E-Mail: ooc.payrolldocs@navajo-nsn.gov.

#### REQUEST FOR CHECK COPY

**ATTN: Office of the Controller, Payroll Section**

Please provide a check copy for the following employee:

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CURRENT MAILING ADDRESS:**

P.O. Box/Street Address: \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**Contact Phone Number:** (     ) \_\_\_\_\_ - \_\_\_\_\_

My payroll checks are: ☐ **Regular Issued checks** ☐ **Direct Deposit**

My Check Copy request is for Pay Period Ending date(s): \_\_\_\_\_

**WORK LOCATION AND DEPARTMENT NUMBER: (LAST EMPLOYEMENT)**

**Department Name:** \_\_\_\_\_

**Department Number:** \_\_\_\_\_

**CHECK COPY REQUESTED FOR THE FOLLOWING REASON:**

☐ **Never Received** ☐ **Misplaced or Destroyed**

☐ **Other (Explain)** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

#### FOR PAYROLL DEPARTMENT USE ONLY:

Processed by: \_\_\_\_\_  
**Payroll Personnel** **Date**

Mailed/Picked up by: \_\_\_\_\_  
**Employee Signature** **Date**