



# 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