REQUEST FOR FAMILY EMERGENCY PAY ADVANCE

Email: ooc.payrolldocs@navajo-nsn.gov.

Name: _____   AB#: _____
       Last   First   M.I.

Employee Address: _____

Division: _____   Department: _____   Dept No.: _____

Telephone No.: _____   Do you have an outstanding pay advance?   ☐ YES   ☐ NO

Pursuant to the current Navajo Nation Personnel Policies and Procedures Manual, Pay Advances are allowable in one of two situations, 1) Tribal Business or 2) Family Emergency. A family emergency is defined by the Navajo Nation Personnel Policies and Procedures Manual as either a "serious illness or death in the immediate family."

REASON (Check one):

☐   Serious illness in the family   _____

☐   Death in the immediate family   _____

NET AMOUNT OF LAST PAYCHECK: $ _____   AMOUNT REQUESTED: $ _____

I, _____, understand this family emergency pay advance is conditioned upon the accuracy and truthfulness of the information furnished by me and shown on this form. I further understand that I am a regular status employee permitted two family emergency pay advances annually. The full amount of $_____ (advance amount) will be deducted from my paycheck in accordance with current payroll processing procedures.

_____   _____
Requesting Employee's Signature   Date

APPROVAL:

The following signatures are required to approve this request for family emergency pay advance. As an approving authority, I have verified that the applicant is a regular status employee and the information given is in compliance with the Navajo Nation Personnel Policies and Procedures Manual and Office of the Controller Policies and Procedures.

Immediate Supervisor or Department/Program Manager:

_____   _____   _____
Signature   Title   Date

Division Director:

_____   _____   _____
Signature   Title   Date

OFFICE OF THE CONTROLLER USE ONLY

☐ **APPROVE**   ☐ **DISAPPROVE**

Accounting Use Only	Verified (initials)	Date
Outstanding Advance: Y/N # of Requests: 1 2		
Net Pay amount verified:		
Employee Status: Y/N Regular FT		
PPE to be deducted:		
AP Manual Check Issued:		

_____   _____
Signature of Controller or Designee   Date

ORIGINAL –AP Demand Check

Account #: 10.0259