



HUALAPAI TRIBE

EARLY RELEASE OF PAYROLL CHECK

PAYPERIOD # _____

I, _____, Employee # _____ submit this request for an early release of my payroll check due to the following circumstance(s)_____

I would like to request that my payroll check be ready by :

(DATE & TIME)

Please read the following :
Accounting & Tribal policy -

An employee will be granted three personal early releases per calendar year. Your request will be submitted to the Finance director/Supervisor for approval. Only an emergency or other unforeseen circumstance will be dealt with on a one on one basis with the employee and Finance Director/Supervisor.

An employee must submit this form with their timesheet and all other forms pertaining to this pay period at least two working days before the employee requests to receive payment. If your request is approved your payroll check will be produced within two working days from the date it was received by the finance department, if denied the request form is returned to the employee/employee's department with an explanation for the denial.

All forms must be completed with all appropriate signatures. If your request is not submitted in a timely manner, it may be denied. **Also be aware, that any tribal employee will not be paid any hours that have not yet been worked.**

By signing below, I have read and understand the tribal policies for submitting any early release form and agree to comply with these policies.

Signature of employee

Date

Signature of Director / Supervisor

FOR FINANCE USE ONLY

SIGNATURE OF FINANCE DIRECTOR/SUPERVISOR

CHECK ONE : _____ APPROVED
_____ DECLINED

EXPLANATION (IF ANY) : _____

DATE PAYROLL CHECK WAS MADE

SIGNATURE (payroll personnel who made check)



HUALAPAI TRIBE
Employee Timesheet for 2010

Name: _____ Employee # _____ Pay period # _____

Department: _____ Job Title: _____

First Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date (please fill in)							
All Hours worked							
Vaca / Annual hours used							
Sick Hours used							
Holiday Pay							
Comptime/Flex hours used							
Administration hours used							
All Other hours (Specify)							

TOTAL HOURS FOR 1ST WEEK : (Note : Employee must actually work 40 regular hours in a week in order to receive overtime pay)

Vaca/Annual hrs.	Sick hrs.	Holiday Pay	All Other hrs.	Hours worked	Overtime Hrs.	Total Hours

Second Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date (please fill in)							
All Hours worked							
Vaca / Annual hours used							
Sick Hours used							
Holiday Pay							
Comptime/Flex hours used							
Administration hours used							
All Other hours (Specify)							

TOTAL HOURS FOR 2ND WEEK : (Note : Employee must actually work 40 regular hours in a week in order to receive overtime pay)

Vaca/Annual hrs.	Sick hrs.	Holiday Pay	All Other hrs.	Hours worked	Overtime Hrs.	Total Hours

COMPUTATION OF ALL HOURS WORKED : (TWO WEEK PERIOD)

VAC/ANNUAL HOURS USED	SICK HOURS USED	HOLIDAY PAY	ALL OTHER HOURS USED	HOURS WORKED	OVERTIME HRS TOTAL	GRAND TOTAL

FOR THOSE DEPARTMENTS THAT USE ACCOUNT CODES:

ACCOUNT NUMBER TO CHARGE TO: _____ # OF HOURS
 ACCOUNT NUMBER TO CHARGE TO: _____ # OF HOURS
 ACCOUNT NUMBER TO CHARGE TO: _____ # OF HOURS

(This must match Grand Total) TOTAL HOURS _____

By signing below I certify that the above information is correct and accurate to the best of my knowledge. I have also attached all necessary documents (i.e. leave forms, O.T. /C.T. forms) pertaining to the dates listed above.

Date: _____

Employee Signature

Supervisor/Director Signature



HUALAPAI TRIBE

AUTHORIZATION FOR APPROVAL/DISAPPROVAL OF LEAVE

NAME : _____

JOB TITLE : _____

DEPARTMENT : _____

I AM HEREBY APPLYING FOR _____ HOURS / DAY(S) OF :
(PLEASE CHECK WHICH TYPE OF LEAVE YOU ARE REQUESTING)

ANNUAL LEAVE - _____

SICK LEAVE - Complete the appropriate statement below for sick leave :
_____ SICK OR INJURED

_____ MEDICAL, DENTAL OR OPTICAL EXAM

_____ MATERNITY LEAVE - (if sick leave is available)

_____ OTHER - SUCH AS, REQUIRED TO CARE FOR A CHILD OR A MEMBER OF MY FAMILY. PLEASE SPECIFY : _____

COMP TIME OR FLEX TIME LEAVE - Please attach an accrual form for CT and CT approval forms

ADMINISTRATIVE LEAVE - Please specify and attach documentation (if necessary):

EDUCATIONAL OR PARENT VOLUNTEER LEAVE - Please attach necessary form(s)

JURY OR WITNESS DUTY - Attach documentation

PERSONAL LEAVE WITHOUT PAY - _____

BEGINNING ON : (DATE) _____ @ _____ AM / PM

and ENDING ON : (DATE) _____ @ _____ AM / PM

By signing below, I understand that any leave that is authorized in excess of the amount available to me during the year will be applied to as Leave Without Pay or if I do not have the necessary forms attached to this form, the leave will be transferred to Leave Without Pay and I authorize the payroll clerk to make any adjustments to my leave as is necessary.

EMPLOYEE SIGNATURE

DATE

CHECK ONE:

_____ I APPROVE THE REQUESTED LEAVE AS INDICATED ABOVE.

_____ I DECLINE THE REQUESTED LEAVE FOR THE REASON(S) INDICATED BELOW.

REMARKS: _____

SUPERVISOR / DIRECTOR SIGNATURE

DATE



HUALAPAI TRIBE PAYROLL DEDUCTION FORM

Employee number _____

I, _____, an employee of the Hualapai
tribe, do hereby authorize the tribal payroll clerk to deduct \$ _____
from my paycheck every pay day until paid in full or until I decide to stop deduction(s).

Effective pay period / date to start deduction(s) : _____

Total amount due \$ _____ (If it is an ongoing deduction then no amount should be placed here)

This deduction is to be paid to the following:

For (give reason):

To Be Charged to Account number:

Signature of Employee : _____

Date: _____



HUALAPAI TRIBE

DISCONTINUE PAYROLL DEDUCTION FORM

Employee number _____

I, _____, an employee of the Hualapai tribe,
do hereby authorize the tribal payroll clerk to stop my payroll deduction(s) to :

in the amount of \$ _____ which was withheld from my paycheck
every pay day.

Effective pay period / date to stop this deduction(s) : _____

Signature of employee

Date

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for **yourself** if no one else can claim you as a dependent. A _____
 - B Enter "1" if:
 - You are single and have only one job; or B _____
 - You are married, have only one job, and your spouse does not work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. B _____
 - C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____
 - D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return D _____
 - E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) E _____
 - F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F _____
 - G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less "1"** if you have three or more eligible children.
 - If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. G _____
 - H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H _____
- For accuracy, complete all worksheets that apply.
 - If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 - If you have **more than one job or are married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 - If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2010
1 Type or print your first name and middle initial, Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

For use by tribal enrolled NATIVE AMERICAN employees who live and are employed within an Indian reservation established for that tribe and thereby claim that no Arizona state income tax liabilities exist based on the decision by the Supreme Court of the United States in *McClanahan vs. Arizona State Tax Commission*, 411 U.S. 164, 93 S. Ct. 1257 (1973).

Type or print full name (last, first, middle initial)	Your social security number
Home address (number and street or rural route)	Tribal census number
City, state, and ZIP code	Tribal affiliation

Employee's certification: I declare, under penalty of perjury, that: I am a Native American residing on _____
_____ Indian reservation; I am an enrolled member of the tribe for which that reservation was established; and
all my services as an employee of _____ are performed within
the boundaries of that Indian reservation. I hereby request that no Arizona state income tax be withheld and assert that
no liability for state income taxes exists based upon the findings by the United States Supreme Court in *McClanahan vs.*
Arizona State Tax Commission, 411 U.S. 164, 93 S. Ct. 1257 (1973).

Signature _____ Date _____

I hereby affirm that to the best of my knowledge, the above statement is true and correct.

(Employer)

NOTE: Arizona exempts Native Americans from Arizona's withholding requirements if the individual is living and employed on a reservation, and he or she is an affiliated and enrolled member of the tribe for which that reservation was established.

Employee - File two copies of this certificate with your employer.

Employer - Submit one copy with your next Form A1-QRT, *Arizona Quarterly Withholding Tax Return*, to be filed with the Department of Revenue. Retain one copy for your records.



Hualapai Tribe

Payroll Direct Deposit Authorization Form

Please complete and return to the Payroll Department

To Set up Your Direct Deposit(s)

Provide your information about the account where the money will be deposited

Your Name : _____ Employee No. _____

Routing Number (RTN): _____

Account number : _____

Account type : Checking _____ Saving _____

Choose amount to be deposited: _____ 100 % of Paycheck
_____ Other % or Set Amount of Paycheck \$ _____

Routing Number (RTN): _____

Account number : _____

Account type : Checking _____ Saving _____

Choose amount to be deposited: _____ 100 % of Paycheck
_____ Other % or Set Amount of Paycheck \$ _____

I Authorize you (my employer or payor) and the Financial institution to electronically deposit my paycheck to my Account; this includes my authorization to you to reverse any entries made in error. This Authority will remain in effect until I give written notice to you to stop my Direct deposit.

Signature of Employee

Date



Hualapai Tribe

AUTHORIZATION FOR APPROVAL/DISAPPROVAL OF COMPENSATORY TIME

Employee Name : _____ Date : _____

Department : _____

Date requesting to work overtime : _____

Approximate no. of hours : _____

Justification for overtime : (Explain reasons overtime is needed)

Signature of Employee

SUPERVISOR'S CERTIFICATION

_____ I recommend approval for employee to work overtime as indicated above.

_____ I recommend disapproval for employee to work overtime for the reason(s) indicated in remarks below.

REMARKS:

Signature of Director / Supervisor

IF APPLICABLE – TRIBAL CHAIRMAN/VICE OR ADMINISTRATIVE MANAGER

_____ Authorization for Overtime approved.

_____ Authorization for Overtime disapproved for reason(s) indicated.

NOTE: This form is effective for wages paid after June 30, 2010.

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

Arizona Withholding Percentage Election Options

Choose only one:

- 1 My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of
(check only one box): 1.8% 2.7% 3.6% 4.2% 5.1% of my gross taxable wages.
Additional amount to be withheld per paycheck \$ _____

- 2 My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of
(check only one box): 1.3% 1.8% 2.7% 3.6% 4.2% 5.1% of my gross taxable wages.
Additional amount to be withheld per paycheck \$ _____

- 3 I hereby elect an Arizona withholding percentage of zero, and I certify that I meet BOTH of the following qualifying conditions for this election:
 - I had NO Arizona tax liability for the prior taxable year, AND
 - I expect to have NO Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.

SIGNATURE _____ DATE _____

EMPLOYEE'S INSTRUCTIONS

Arizona Revised Statutes (ARS) §43-401 requires your employer to withhold Arizona income tax from your compensation paid for services performed in Arizona for application toward your Arizona income tax liability. Arizona withholding is a percentage of your gross taxable wages of every paycheck.

"Gross taxable wages" is the amount from each paycheck that will be included in box 1 of your federal Form W-2 at the end of the calendar year (i.e. gross wages net of pretax deductions, such as your portion of health insurance premiums). You may also have your employer withhold an additional amount from each paycheck.

Complete this form to elect an Arizona withholding percentage and any additional amount to be withheld from each paycheck. *Give the completed form to your employer.*

Current Employees

ALL EMPLOYEES ARE REQUIRED TO COMPLETE THIS FORM FOR WAGES PAID AFTER JUNE 30, 2010. Complete this form to elect an Arizona withholding percentage and designate an additional amount to be withheld. If you want to increase or decrease the amount of Arizona withholding in the future, you must complete this form again to change the Arizona withholding percentage or change the additional amount withheld.

New Employees

Complete this form within the first five days of employment to elect an Arizona withholding percentage. You may also have your employer withhold an

additional amount from each paycheck. If you do not complete this form, the department requires your employer to withhold 2.7% of your gross taxable wages until your employer receives a completed form from you.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you meet BOTH of the qualifying conditions for the election. You qualify for the election if: (1) you had no Arizona income tax liability for the prior taxable year, AND (2) you expect to have no Arizona income tax liability for the current taxable year.

Note that Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, welfare tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date of your election.

You should be aware that zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. Keep in mind that in order to elect zero withholding, you must meet BOTH conditions listed above. Therefore, if you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should immediately complete a new Form A-4 and choose a withholding percentage that is applicable to your situation.