

SAMPLE

THE NAVAJO NATION
PERSONNEL ACTION FORM

Employee Position I.D. No.

DPM USE ONLY

<input type="checkbox"/> Employment Notice		<input checked="" type="checkbox"/> Change Notice		<input type="checkbox"/> Termination Notice		Effective Date October 1, 2019	
Employee Name (Last, First Middle) Doe, John Yazzie			Mailing Address (City, State, Zip Code)			Social Security Number 000-00-0000	
Census Number	Marital Status	Gender	Date of Birth	Ethnic Code	Worksite		
Division /Department DHR / Department of Personnel Management				Department Number 022	Business Unit Number 000000.0000		
Position Title Administrative Assistant			Class Code 1260	Grade Step	Hourly Rate	Per Annum	
Remarks : End of Family and Medical Leave							
Employee Signature UNAVAILABLE FOR SIGNATURE			Date				
Department Acceptance REQUIRED			Date				
Department Release			Date				
Department of Personnel Management			Date				
Type of Termination: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff							
This section must be completed to ensure that all Tribal monies/property during employment have accounted for by the Financial Services Department and the following NN Departments or Offices							
Cashiers Ofc _____		Accts Rec _____		P-Card Sec _____		Travel Adv _____	
Credit Svcs _____		EE Benefits _____		EE Housing _____		Fleet Mgmt _____	
				Property _____		Retirement _____	
				Veterans _____			
Clearance by initial from each section/departments.							

Type of Action: **End of Family and Medical Leave**

Notice Type: **Change**

Pursuant to the Navajo Nation Personnel Policies Manual ("NNPPM"), X.D.4.(d). A medical certification is required to resume work. Upon return from family and medical leave, an employee shall return to the same position and their annual and sick leave accruals will resume. An employee's failure to return to work after the duration of approved family and medical leave and any other authorized leave, shall be deemed a resignation.

ATTACHMENTS & SUPPORTING DOCUMENTS

- Medical certification to return to work - Original
 - Date cleared to return to work
- Depending on the requirements of the department, may be required to complete a physical examination

PAF REQUIREMENTS

- Employee's Signature is preferred but not required. If the employee is unavailable, the PAF must state "Unavailable for Signature"
- Department Acceptance Signature & Date

OTHER REQUIREMENTS

- If the position is externally funded by a contract/grant, prior verification from Contract Accounting/OOC is required.