

# THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.  
  
**DPM USE ONLY**

<input type="checkbox"/> <b>Employment Notice</b>		<input type="checkbox"/> <b>Change Notice</b>		<input type="checkbox"/> <b>Termination Notice</b>		Effective Date	
Last Name		First		Middle		Address	
						City/State/Zip Code	
						Social Security Number	
Census Number		Marital Status		Sex		Date of Birth	
						Ethnic Code	
						Tax Exemption	
Division /Department				Department No.		Account Number	
						Worksite	
Position Title				Class Code		Grade Step	
						Hourly Rate	
						Per Annum	
REMARKS: _____							
_____							
_____							
Employee Signature				Date			
Department Acceptance				Date			
Department Release				Date			
Department of Personnel Management				Date			
				Type of Termination: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff Employee is responsible and accountable for the following: All Tribal monies/property during employment has been accounted for the Financial Services Department: Cashiers _____ Accts. Rec. (Vets./Pers.) _____ Travel Advances _____ Retirement Office _____ Tribal Housing _____ Credit Services _____ Fleet Management _____ Property _____ Group Insurance _____ Travel Office _____ Clearance by initial from each section/departments.			

# THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.  
  
**DPM USE ONLY**

<input type="checkbox"/> <b>Employment Notice</b>		<input type="checkbox"/> <b>Change Notice</b>		<input type="checkbox"/> <b>Termination Notice</b>		Effective Date	
Last Name		First		Middle		Address	
						City/State/Zip Code	
						Social Security Number	
Census Number		Marital Status		Sex		Date of Birth	
						Ethnic Code	
						Tax Exemption	
Division /Department				Department No.		Account Number	
						Worksite	
Position Title				Class Code		Grade Step	
						Hourly Rate	
						Per Annum	
REMARKS: _____							
_____							
_____							
Employee Signature				Date			
Department Acceptance				Date			
Department Release				Date			
Department of Personnel Management				Date			
				Type of Termination: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff Employee is responsible and accountable for the following: All Tribal monies/property during employment has been accounted for the Financial Services Department: Cashiers _____ Accts. Rec. (Vets./Pers.) _____ Travel Advances _____ Retirement Office _____ Tribal Housing _____ Credit Services _____ Fleet Management _____ Property _____ Group Insurance _____ Travel Office _____ Clearance by initial from each section/departments.			