

Revised: 10/01/2014

THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No. DPM USE ONLY

<input type="checkbox"/> Employment Notice	<input type="checkbox"/> Change Notice	<input type="checkbox"/> Termination Notice	Effective Date
Last Name	First	Middle	Address
			City/State/Zip Code
Social Security Number			
Census Number	Marital Status	Gender	Date of Birth
		Ethnic Code	Worksite
Division /Department			Department No.
Business Unit Number			
Position Title		Class Code	Grade Step
		Hourly Rate	Per Annum
REMARKS:			

Employee Signature		Date	Type of Termination: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff
Department Acceptance		Date	This section must be completed to ensure that all Tribal monies/property during employment has been accounted for by the Financial Services Department and respective Nation Offices.
Department Release		Date	
Department of Personnel Management		Date	
			Cashiers _____ Accts. Rec. (OOC) _____
			Travel Advances _____ Accts. Rec. (Vets./Pers.) _____
			Tribal Housing _____ Retirement Office _____
			Fleet Management _____ Credit Services _____
			Group Insurance _____ Property _____
			P Card Office _____
Clearance by initial from each section/departments.			

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