MEMORANDUM

TO:

Division/Executive Directors and Department/Program Managers

EXECUTIVE AND LEGISLATIVE BRANCHES

FROM:

Charlotte Bigthumb, Human Resources Director

Department of Personnel Management

DATE:

June 28, 2024

SUBJECT: CHANGE IN ADDRESS FORM

Please be informed that effective immediately, the Department of Personnel Management (DPM) will implement the attached Change in Address Form. The personnel action form for Change in Address will no longer be utilized. This will assist all Navajo Nation employees, current and former, in a more convenient way to update their address information.

Current employees are still required to submit the appropriate tax forms with the updated address. It is the employee's responsibility to ensure that the changes are reflected on their pay stub after the submittal of the form. This also applies to ensuring that the appropriate taxes are being deducted accordingly.

To prevent any future issues or delays, your adherence in utilizing the revised form is vital. If you have any questions, please contact DPM at (928) 871-6330.

XC:

Patrick Sandoval, Chief of Staff

File

PHONE NO: (928) 871-6330; FAX NO: (928) 871-6976; Website: www.dpm.navajo-nsn.gov



Employee Signature

Department of Personnel Management

THE MANAGEMENT OF THE MANAGEME

Navajo Nation Administration Bldg.1 2559 Window Rock Blvd. 100 P.O. Box 7080 Window Rock, AZ 86515 Phone: (928)871-6330 Fax: (928)871-6976

ADDRESS CHANGE FORM

ADDRESS CHANGE FORIVI		
To change your current mailing or physical address, please fill out the required fields.		
✓ Fed ✓ Sta	leral W4 Form – current te Tax Withholding Forr	•
•	AZ WEGTOIII	other application state tax withholding form(s)
The effective date will be the date of the employee's signature.		
	Active	Inactive
Employee Name	2:	Employee SSN / AB#:
Division Name:		
Dept No.:	Department Name:	
Current Address:		
New Address:		

Date