

# Department of Personnel Management New Employee Intake Form



Revised 03/03/2025

**Employee Information** Submit via E-mail to: [submitPAFs@dpm.navajo-nsn.gov](mailto:submitPAFs@dpm.navajo-nsn.gov)

AB or SSN:	Employee's Full Name <i>(Last Suffix, First Middle)</i>	Ethnicity	Marital Status
_____	_____	_____	_____
Start Date:	Type of Employment	Not To Exceed:	Salary Assessment
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Provisional Hire
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Position / Pay Information**

Position ID:	Position Title:	Dept No	Department Name
_____	_____	_____	_____
Grade/Step	Pay Rate:	Per Annum:	Business Unit Number
_____	_____	_____	_____
			Worksite Location:
			_____

**Required Attachments**

The required documents may be submitted at intake or they may be submitted via e-mail to the assigned HR Technician prior to the scheduled intake date. Applicable tax forms may also be completed during intake.

<input type="checkbox"/> Justification for Selection	<input type="checkbox"/> Non-Selection Letters	<input type="checkbox"/> Referral of Qualified Applicants (Programs conducting assessments)	<input type="checkbox"/> Favorable Adjudication Memo (Criteria No. 1)	<input type="checkbox"/> Applicable Tax Forms
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**Employee's Acknowledgement** **Department Approval**

Employee's Signature	Date	Department Manager's Signature	Date
_____	_____	_____	_____

**Employee Benefits** **Contract Accounting - OOC**

Employee Benefits Stamp

Positions funded by an External Contract/Grant require Contract Accounting's verification

Verification Signature	Date
_____	_____

**DPM Use Only**

Intake Date	Time:	NEMSO	SHA	Introductory Period:	Date Processed
_____	_____	_____	_____	_____	_____
<input type="checkbox"/> AZ A-4	<input type="checkbox"/> Fed W4	<input type="checkbox"/> NM W4	<input type="checkbox"/> AZ WEC	<input type="checkbox"/> Drug & Alcohol	<input type="checkbox"/> Sensitive
				<input type="checkbox"/> Pending	<input type="checkbox"/> Processed
AB No.	Funds Availability	NTE Date:	Comments:		
_____	<input type="checkbox"/> Sufficient	_____			
	<input type="checkbox"/> Insufficient	_____			
Completed by:	DPM Approval:				
_____	_____				
Senior HR Technician	Date	Human Resources Director	Date		
_____	_____	_____	_____		

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## Cost Distribution

Business Unit Number(s):	Distribution %	Business Unit Number(s):	Distribution %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
Subtotal (%)	_____ %	Grand Total (%)	_____ %