THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.
DPM USE ONLY

Employme	nt Notice	Change Notice			Termination Notice				Effective Date		
Last Name First		Middle Addr		Addre	ess		(City/State/Zip Code	Social Security Number		
Census Number	Marital Status		Gender		Date of Birth		E	Ethnic Code	Worksite		
Division /Department			Departmer	it No.	Business Unit Number						
Position Title						Clas	ss Code	Grade Step	Hourly Rate	Per Annum	
REMARKS:						<u>I</u>					
Employee Signature Date					Type of Termination: Resignation Discharge Layoff						
Depart	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. Cashiers Accts. Rec. (OOC)										
Department Release Date					Travel Advances Accts. R Tribal Housing Retirement				ec. (Vets./Pers.) ————————————————————————————————————		
Department of	Group Insurance Property Pont of Info Tech Property P Card Office										
								FMIS Section/departments.	ection		
THE NAVAJO									Employee Position I.D. No.		
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Employment Notice Change			ange No	tice	Termination Notice				Effective Date		
Last Name	First	Mi	ddle	Addre	ress City/State/Zip Code				Social Security Number		
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REMARKS:								1	1		
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Department Acceptance Date					been accounted for by the Financial Services Departm Cashiers Accts. R				nent and respective Nation Offices. ec. (OOC)		
Department Release Date					Tribal Housing Retireme				ec. (Vets./Pers.)ent Office		
Department of Personnel Management Date					Group Insurance Property Pent of Info Tech Property P Card C						
	Clearance by initial from each section/departments.										

Revised: 07/17/2023