



MEMORANDUM

TO : DIVISION DIRECTORS, DEPARTMENT AND PROGRAM MANAGERS
EXECUTIVE AND LEGISLATIVE BRANCHES

FROM : Bernadette Bernally
Bernadette Bernally, Human Resources Director
Department of Personnel Management

DATE : September 9, 2014

SUBJECT: GENERAL WAGE ADJUSTMENT (GWA) PROCEDURES

All divisions, departments and programs are to utilize the attached General Wage Adjustment Procedures and adhere to appropriate deadlines when submitting the required documents for implementing the GWA for Fiscal Year 2015.

These procedures provide information regarding the automation of the GWA for employees assigned to a general fund or a non-general fund position, the situations in which manual Personnel Action Forms (PAF) will be required; and that all required documents must be submitted by the established deadline. There will be **no exceptions** to the deadline.

A Back Pay Request Form must be submitted to the Payroll Office for all manual PAFs. Back Pay Request Forms must be reviewed and approved by the appropriate accounting section within the Office of the Controller for funds availability.

All non-general fund positions are to identify funds and implement the GWA no later than December 31, 2014; and begin using the new salary schedules for all other personnel and payroll documents. Should you have any questions regarding these procedures, please contact DPM at (928) 871-6330.

CONCURRENCE:

Thomas Ranger
Thomas Ranger, Division Director
Division of Human Resources

ATTACHMENT

DISTRIBUTION



**PROCEDURES
EXECUTIVE AND LEGISLATIVE BRANCHES
DEPARTMENT OF PERSONNEL MANAGEMENT**

SECTION:	SALARY AND WAGE ADMINISTRATION	NO: 01-IV-001
SUBJECT:	GENERAL WAGE ADJUSTMENT	RELEASE DATE: 09/10/07
CROSS REFERENCE:	PPM Section VII.G.5	REVISION DATE: 09/15/14

PURPOSE

To provide procedures and guidance on implementing the General Wage Adjustment (GWA) approved by the Navajo Nation Council.

APPLICABILITY

These procedures apply to all regular status and temporary employees who are employed on or after October 1, 2014.

Exception: These procedures do not apply to Public Employment Program (PEP) and Summer Youth Employment.

PROCEDURES

1. Funding of General Wage Adjustment (GWA)
 - a. Funds approved by the Navajo Nation Council will be used to implement the GWA for all general fund positions. If the position is funded partially using general funds, then funding for the GWA shall be in proportion to the funding approved from the general funds. A general fund position is any position funded under business unit number (1XXXXX).
 - b. *Contract, Grants and Other Fund Sources*

All non-general fund programs are required to identify funds for the GWA within their approved budget. A non-general fund position is any position funded by Contracts and Grants Funds, Proprietary Funds, Special Revenue Funds, Fiduciary Funds or Permanent Funds.
 - c. Cost Allocation

Programs with positions that are cost allocated among more than one funding source are to implement the GWA when all funds have been identified, approved and entered in FMIS.

2. Salary Schedules

- a. New salary schedules have been developed for the approved GWA. (See attached).
- b. Programs are to use the appropriate salary schedule for all official personnel, payroll and budgeting documents.
- c. Programs are to begin using the new salary schedules effective October 1, 2014 or when the funding for the GWA has been identified.
- d. All programs must implement the GWA and begin using the new salary schedules no later than December 31, 2014.

3. Personnel Action Forms (PAF)

a. General Funds

Employees assigned to a general fund position by the implementation date will have their GWA automated and will receive a computer generated PAF except those listed under paragraph c. below and provided that sufficient funds are available.

b. Non-General Funds

Employees assigned to a non-general fund position must submit a manually prepared Personnel Action Form (PAF) unless the program submits a Request for Automation of PAF Form along with an approved budget, budget revision or budget modification to DPM within seven (7) working days before the actual payroll run. The Request for Automation of PAF Form is subject to review and approval by DPM. There will be **no exceptions** to this deadline. If required documents are submitted after the deadline, manual PAFs will need to be prepared and submitted with an approved budget revision or modification.

c. Automation of an employee's GWA will not be approved in the following situations and a manual PAF will be required:

- i. Any changes, such as, account number changes from general fund to a non-general fund account, termination, promotion, pay adjustments, etc., occurring on or after the implementation date.

- ii. Employees who are on acting status assignment or on any other type of assignment.
- iii. Employees who are on any type of leave without pay status, i.e., Family Medical Leave, Suspension, etc.
- iv. Employees whose assignment has a not to exceed date other than September 30, 2014.
- v. Employees whose position is budgeted for less than 2080 hours.
- vi. Temporary employees.
- vii. Cost allocated positions.
- viii. Employees terminated on or after September 30, 2014.
- ix. Employees whose position does not have sufficient funds to cover their current salary must be accompanied by an approved budget revision or modification from OMB/OCG. Programs will be notified which position and employees will be affected by this exception.
- x. An employee employed on or after October 1, 2014 and who was subsequently separated from employment and was rehired at a later date.

d. PAFs will be processed according to the PAF Submission Schedule.

e. The effective date for the GWA is October 1, 2014.

4. Back Pay Request Form

- a. A Back Pay Request Form must be submitted to the Payroll Office for all manual PAFs not processed with the payroll for pay period ending on October 3, 2014.
- b. Back Pay Request Forms must be reviewed and approved by the appropriate accounting section within the Office of the Controller for funds availability.

FORMS REQUIRED:

Personnel Action Form
Request for Automation of PAF Form
Back Pay Request Form

**THE NAVAJO NATION
PERSONNEL ACTION FORM**

Employee Position I.D. No.

DPM USE ONLY

<input type="checkbox"/> Employment Notice		<input checked="" type="checkbox"/> Change Notice		<input type="checkbox"/> Termination Notice		Effective Date October 1, 2014	
Last Name DOE,		First John		Middle Yazzie		Address City/State/Zip Code	
Census Number		Marital Status		Gender		Date of Birth	
Division /Department DHR/Department of Personnel Management		Department No. 22		Business Unit Number 114999.1001			
Position Title Administrative Assistant		Class Code 1260		Grade Step AB62A		Hourly Rate \$16.36	
						Per Annum \$34,028.80	
REMARKS: GENERAL WAGE ADJUSTMENT: Change in grade step, hourly rate and per annum							
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		Accts. Rec. (OOC) _____ Accts. Rec. (Vets./Pers.) _____ Retirement Office _____ Credit Services _____ Property _____ P Card Office _____ Clearance by initial from each section/departments.			
Department of Personnel Management		Date					

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Department of Personnel Management		Date					



MEMORANDUM

TO : Bernadette Bernally, Human Resources Director
 Department of Personnel Management

FROM : _____
 Program/Department Manager
 Program/Department Name
 Division Name

DATE :

SUBJECT: Request for Automation of General Wage Adjustment (GWA) Personnel Action Forms (PAF)

This memorandum is to request automation of Personnel Action Forms (PAFs) for the implementation of the General Wage Adjustment (GWA) for the following business unit number(s):

To Be Completed by Program/Department	To Be Completed by OMB/Contracts and Grants	
Business Unit Number	Business Unit Number	Budget End Date

We certify that budgets for these business units have been approved and funds are available to cover the expenditures for the GWA and we authorize the Department of Personnel Management to automate the implementation of the GWA. Copies of approved budgets are attached. (NOTE: Failure to provide copies will result in disapproval of this request.)

 Division Director's Signature

 Contracting Officer's Signature

AUTHORIZATION FOR EXPENDITURE OF FUNDS:

DPM APPROVAL:

 Controller's/Assistant Controller's Signature

 Human Resources Director's Signature

NAVAJO NATION
OFFICE OF THE CONTROLLER
PAYROLL BACKPAY REQUEST FORM

EMPLOYEE NAME: _____ [1] SOCIAL SECURITY NO.: _____ [2]

DEPT. NO.: _____ [3] TYPE OF REQUEST: _____ [4]

REQUEST FOR PPE: _____ [5] PPE: _____ PPE: _____ PPE: _____

REGULAR HRS: _____

HOL. PAY HRS: _____

A/LEAVE HRS: _____

S/LEAVE HRS: _____

COMP. TIME: _____

TOTAL HOURS: _____

GRAND TOTAL HOURS: _____ [6]

RATE ADJUSTMENT:

NEW RATE: _____

A/L PAYOFF: _____ [7]

[8] OLD RATE: _____

ACCOUNT NO.: _____ [9]

DIFF RETRO: _____

HOURLY RATE: _____ [10]

JUSTIFICATION or DESCRIPTION:

[11]

APPROVAL: _____ [12] DATE: _____ [13]
(AUTHORIZED PERSONNEL ONLY)

[14]

FOR PAYROLL OFFICE USE ONLY
CHECK OFF LIST FOR INPUT

REGULAR HOURS _____ DEDUCTIONS ADJUSTED _____ A/L ADJUSTED _____

TAX MULTIPLIER _____ BENEFITS ADJUSTED _____ S/L ADJUSTED _____

VERIFIED BY: _____ APPROVED FOR: _____ HOURS@ _____ RATE _____

Payroll Backpay Instructions

1. **Employee Name** - The name of the employee who is to be backpay. This name should coincide with the Personnel Action Form.
2. **S.S.N.** - Social Security. Number of the employee who is being paid. This number should coincide with the Social Security Card.
3. **Department #** - The department where the employee works.
4. **Type of Request** - Indicate the type of payment that is being requested, (ie: retroactive, salary adjustment, short payment, etc.)
5. **Pay Period Ending** - Indicate Pay Period Ending(s) payment is being requested.
6. **Grand Total Hours** - Combined all of P.P.E.'s totals.
7. **Annual Leave Payoff** - Hours of annual leave to be paid off. Youth & temporary employees do not have annual/sick leave.
8. **New Rate, Old Rate, Dif Retro** - Use for retro-active payment only.
9. **Account Number** - The account number the payment is to be charged to.
10. **Hourly Rate** - Rate which employee is paid at.
11. **Justification or Description** - Describe briefly as to why this payment is being requested.
12. **Approval** - The Agency Director's signature.
 The Program Director's signature.
13. **Date** - Date when backpay is signed/prepared.
14. **Payroll Verification** - For Payroll Office use only.

NOTE: Only original backpay will be processed, no photo copies. Fax copy is accepted depending on the urgency or situation, distance is considered.