SAMPLE

THE NAVAJO NATION
PERSONNEL ACTION FORM

Employee Position I.D. No.

DPM USE ONLY

☐ **Employment Notice**	■ **Change Notice**	☐ **Termination Notice**	Effective Date
			October 1, 2021

Employee Name (Last, First Middle)
Yazzie, John Doe

Mailing Address   (City, State, Zip Code)

Social Security Number
000-00-0000

Census Number	Marital Status	Gender	Date of Birth	Ethnic Code	Worksite

Division /Department
OPVP/Office of the President/Vice President

Department Number
002

Business Unit Number
103001.0000

Position Title
Division Director

Class Code
0301

Grade Step	Hourly Rate	Per Annum

Remarks : Change in Business Unit Number, Not to Exceed: mm/dd/yyyy

Employee Signature Date	Type of Termination: Resignation Discharge Layoff
UNAVAILABLE FOR SIGNATURE	This section must be completed to ensure that all Tribal monies/property during employment have accounted for by the Financial Services Department and the following NN Departments or Offices
Department Acceptance Date	
REQUIRED	Cashiers Ofc _____ EE Benefits _____
Department Release Date	Accts Rec _____ EE Housing _____
	P-Card Sec _____ Fleet Mgmt _____
	Travel Adv _____ Property _____
Department of Personnel Management Date	Credit Svcs _____ Retirement _____
	Clearance by initial from each section/departments.

Type of Action: **Change in Business Unit Number**   Notice Type: **Change Notice**

ATTACHMENTS & SUPPORTING DOCUMENTS

☐ Approved Budget and/or Approved Budget Revision Request *(BRR)* - Copy

PAF REQUIREMENTS

☐ Employee's Signature is preferred but not required. If the employee is unavailable, the PAF must state "Unavailable for Signature"

☐ Department Acceptance Signature/Date

☐ Not to Exceed Date

☐ Effective date shall be the following day after the employees current end date

OTHER REQUIREMENTS

☐ If the position is externally funded, verificaiton from Contract Accounting/OOC is required prior to submitting to the DPM.