



MEMORANDUM

TO : ALL PROGRAMS, DEPARTMENTS, DIVISION AND EXECUTIVE DIRECTORS
EXECUTIVE AND LEGISLATIVE BRANCHES

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

DATE : October 21, 2013

SUBJECT: GENERAL WAGE ADJUSTMENT (GWA) PROCEDURES

All programs, departments and divisions are to utilize the attached General Wage Adjustment Procedures and adhere to the appropriate deadlines when submitting the required documents for implementing the GWA for Fiscal Year 2014.

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 PAFs 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, 2013; and begin using the new salary schedules for all official 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

XC: File



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

SECTION:	SALARY AND WAGE ADMINISTRATION	NO: 01-VII-001
SUBJECT:	General Wage Adjustment	RELEASE DATE: 09/10/07
CROSS REFERENCE:	NNPPM Section VII.G.5	REVISION DATE: 10/23/13

PURPOSE

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

APPLICABILITY

1. These procedures apply to all regular status and temporary employees who have been continuously employed since October 1, 2013. This includes new hires after October 1, 2013 and who have not had a break in service (i.e., termination) up to September 30, 2013.
2. Exception: These procedures do not apply to Public Employment Program (PEP) and Summer Youth Employment.

PROCEDURES

1. Funding of General Wage Adjustment (GWA)
 - a. General Funds

Funds approved by the Navajo Nation Council will be used to implement the GWA for all general fund positions. A general fund position is any position funded under business unit number (1XXXXX).
 - b. Non-General Funds

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 schedules for all official personnel, payroll and budgeting documents.
- c. Programs are to begin using the new salary schedules effective immediately or when the GWA has been implemented.
- d. All programs must implement the GWA and begin using the new salary schedules no later than December 31, 2013.

3. Personnel Action Forms (PAFs)

a. General Funds

Employees assigned to a general fund position by the implementation date will have the 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 unless the program submits a Request for Automation of PAF Form along with an approved budget, budget revision or budget modification from the Office of Contracts and Grants (OCG) to DPM within five (5) 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 from OCG.

- c. Automation of the 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.
 - 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, 2013.
 - 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 positions and employees will be affected by this exception.
 - x. An employee employed on or after October 1, 2013 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, 2013.
 - f. Termination of employment prior to the approval of the GWA by the Navajo Nation President voids the employee's eligibility to receive the GWA.
4. Back Pay Request Form
- a. A Back Pay Request Form must be submitted to the Payroll Office for all manual PAFs.
 - 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 type="checkbox"/> Change Notice			<input type="checkbox"/> Termination Notice			Effective Date October 1, 2013			
Last Name DOE,		First John		Middle Yazzie		Address			City/State/Zip Code		Social Security Number 123-45-6789	
Census Number		Marital Status		Sex		Date of Birth			Ethnic Code		Tax Exemption	
Division /Department DHR/Department of Personnel Management					Department No. 22		Account Number 114009.1001			Worksite		
Position Title Administrative Assistant					Class Code 1260		Grade Step Y62A		Hourly Rate \$15.88		Per Annum \$33,030.40	
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 _____		Employee is responsible and accountable for the following:						
Department Release _____				Date _____		All Tribal monies/property during employment has been accounted for the Financial Services Department						
Department of Personnel Management _____				Date _____		Cashiers _____ Accts. Rec. (Vets./Pers.) _____ Travel Advances _____ Retirement Office _____ Tribal Housing _____ Credit Services _____ Fleet Management _____ Property _____ Group Insurance _____ Travel Office _____ Clearance by initial from each section/departments.						

GENERAL WAGE ADJUSTMENT

REQUIREMENTS:

1. Copy of the approved budget, budget revision or modification.
2. Employee's signature is not required.
3. Department's Acceptance signature is required.
4. PAF must have approval for funds availability from Contract or General Accounting.

THE NAVAJO NATION



BEN SHELLY PRESIDENT
REX LEE JIM VICE PRESIDENT

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

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.

**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]
(AUTHORIZED PERSONNEL ONLY)

DATE: _____ [13]

[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 _____

**NAVAJO NATION
OFFICE OF THE CONTROLLER
PAYROLL BACKPAY REQUEST FORM**

EMPLOYEE NAME: _____ SOCIAL SECURITY NO. or AB#: _____

DEPT. NO.: _____ TYPE OF REQUEST: _____

REQUEST FOR PPE:	_____	PPE:	_____	PPE:	_____	PPE:	_____
REGULAR HRS:	_____		_____		_____		_____
HOL. PAY HRS:	_____		_____		_____		_____
A/LEAVE HRS:	_____		_____		_____		_____
S/LEAVE HRS:	_____		_____		_____		_____
COMP. TIME:	_____		_____		_____		_____
ADMIN/LEAVE HRS:	_____		_____		_____		_____
TOTAL HOURS:	_____		_____		_____		_____

GRAND TOTAL HOURS: _____

RATE ADJUSTMENT:

NEW RATE: _____	A/L PAYOFF: _____
OLD RATE: _____	ACCOUNT NO.: _____
DIFF RETRO: _____	HOURLY RATE: _____

JUSTIFICATION or DESCRIPTION:

APPROVAL: _____ DATE: _____
Type Authorized Approver's Name Signature

**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