

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	
Last Name		First		Middle		Address	
						City/State/Zip Code	
						Social Security Number	
Census Number		Marital Status		Gender		Date of Birth	
						Ethnic Code	
						Worksite	
Division /Department				Department No.		Business Unit Number	
Position Title				Class Code		Grade Step	
						Hourly Rate	
						Per Annum	
REMARKS: _____							

Employee Signature				Date			
Department Acceptance				Date			
Department Release				Date			
Department of Personnel Management				Date			
				Type of Termination: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff			
				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) _____	
				Travel Advances _____		Accts. Rec. (Vets./Pers.) _____	
				Tribal Housing _____		Retirement Office _____	
				Fleet Management _____		Credit Services _____	
				Group Insurance _____		Property _____	
				Dept of Info Tech _____		P Card Office _____	
						FMIS Section _____	
				Clearance by initial from each section/departments.			

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