

SAMPLE

THE NAVAJO NATION
PERSONNEL ACTION FORM

Employee Position I.D. No.

DPM USE ONLY

Form with fields for Employment Notice (Change Notice selected), Effective Date (October 1, 2021), Employee Name (Yazzie, John Doe), Social Security Number (000-00-0000), Division (DHR/Department of Personnel Management), Position Title (Office Specialist), and Remarks (End of Suspension).

Type of Action: End of Suspension Notice Type: Change

Upon the expiration of the suspension period, the employee shall report back to their designated worksite to resume their duties and responsibilities. As best practice, programs should submit the End of Suspension PAF at the same time as the Start of Suspension PAF to avoid any delays in processing.

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
Effective date shall be the last day of the suspension period

OTHER REQUIREMENTS

- If the position is funded by an external contract and/or grant, prior verification from the Contract Accounting Section with the Office of the Controller is required.