

SAMPLE

THE NAVAJO NATION
PERSONNEL ACTION FORM

Employee Position I.D. No.

DPM USE ONLY

Form containing fields for Employment Notice, Change Notice, Termination Notice, Employee Name (Doe, John Yazzie), Mailing Address (P.O. Box 0000; Window Rock, AZ, 86511), Social Security Number (000-00-0000), Census Number (000,000), Marital Status (Single / Married), Gender (Male / Female), Date of Birth (mm/dd/yyyy), Ethnic Code (05), Worksite (Window Rock, AZ), Division / Department (LB / Office of Ethics and Rules), Department Number (085), Business Unit Number (101020.1101), Position Title (Director of Ethics and Rules), Class Code (0411), Grade Step (BJ71A), Hourly Rate (\$ 38.25), Per Annum (\$ 79,866.00), and Remarks (Professional At-Will, Serves at the Pleasure of the Executive Director of the Office of Legislative Services).

Type of Action: Professional At-Will

Notice Type: Employment

Professional At-Will employees are those who serve at the pleasure of the Attorney General, the Chief Prosecutor, the Executive Director of the Navajo Nation Washington Office, the Public Defender Commission or other official employee as provided by Navajo Nation law. Selection must be made in accordance with Navajo Nation Personnel Policies Manual (NNPPM), the Navajo Preference in Employment Act (NPEA) and applicable Collective Bargaining Agreement (BCA)

ATTACHMENTS & SUPPORTING DOCUMENTS

- Justification Memorandum - Copy
Referral Memorandum - Copy
Non Selection Letters - Copy
NN Application for Employment (Revised 9/16/2016)
Social Security Card - Copy
Valid State Drivers License or Identification Card - Copy
Appropriate State Withholding Form, if applicable:
AZ Residents - AZ Form A-4 - Employee's Arizona Withholding Election - 2021 (Mailing Address)
NM Residents - Form W-4 - Employee's Withholding Allowance Certificate - 2021 (New Mexico)
Federal - Form W-4 - Employee's Withholding Allowance Certificate - 2021 (Mailing Address)
Exemption - AZ Form WEC - Employee Withholding Exemption Certificate - 2021 (Physical Address)
Navajo Nation Policy on Drugs and Alcohol in the Workplace
Certificates, Licensures, Degrees/Transcripts, if required by the position

PAF REQUIREMENTS

- Employee's Signature & Date
Department Acceptance Signature & Date
Employee Benefits Verification Stamp
Effective date shall be determined by the following:

- 1. If the position is non-sensitive or is not designated, the effective date shall be determined by the PAF Submission Schedule
- 2. If the position is sensitive, the effective date shall be after the Favorable Determination Notice issued by the Office of Background Investigations

BACKGROUND CHECK REQUIREMENT - SENSITIVE POSITIONS

If the position is designated as a sensitive position, the employee shall be required to undergo a background check and suitability assessment prior to beginning employment, pursuant to the NNPPM Section IV.K.

- Favorable Determination Notice - OBI - Copy

OTHER REQUIREMENTS

- If the position is externally funded, verification from Contract Accounting/OOC is required prior to submitting the PAF to the DPM.

Ethic Codes :

01 - White	05 - Navajo
02 - Black/African American	06 - Other Native American
03 - Hispanic/Latino	07 - Alaska Native
04 - Asian	30 - Hawaiian/Pacific Islander