

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 (DHR / Department of Personnel Management), Department Number (022), Business Unit Number (000000.0000), Position Title (Administrative Assistant), Class Code (1260), Grade Step (BQ62A), Hourly Rate (\$ 18.60), Per Annum (\$ 38,836.80), Remarks (Subject to 90 Days Introductory Period), and various signature and acceptance fields.

Type of Action: Subject to 90 Days Introductory Period (New Hire)

Notice Type: Employment

Selection must be made in accordance with the Navajo Nation Personnel Policies Manual (NNPPM), the Navajo Preference in Employment Act (NPEA) and other applicable Navajo Nation Laws, rules and regulations. The applicant must have applied for the position and must have been referred by the DPM. Note: This PAF Sample is not applicable to Professional At-Will, Political At-Will or Elected Officials.

ATTACHMENTS & SUPPORTING DOCUMENTS

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

PAF REQUIREMENTS

- List of requirements including: 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 and the PAF Submission Schedule. The personnel action shall not be effective on or before the date of the Favorable Determination Notice.

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

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