

SAMPLE

THE NAVAJO NATION
PERSONNEL ACTION FORM

Employee Position I.D. No.
DPM USE ONLY

<input checked="" type="checkbox"/> Employment Notice	<input type="checkbox"/> Change Notice	<input type="checkbox"/> Termination Notice	Effective Date October 1, 2021	
Employee Name (Last, First Middle) Doe, John Yazzie		Mailing Address (City, State, Zip Code) 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
Division /Department DHR / Department of Personnel Management		Department Number 022	Worksite Window Rock, AZ	
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 : Temporary Employment, Not to Exceed: MM/DD/YYYY				
Employee Signature REQUIRED		Date		
Department Acceptance REQUIRED		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 have accounted for by the Financial Services Department and the following NN Departments or Offices				
Cashiers Ofc _____		EE Benefits _____		
Accts Rec _____		EE Housing _____		
P-Card Sec _____		Fleet Mgmt _____		
Travel Adv _____		Property _____		
Credit Svcs _____		Retirement _____		
		Veterans _____		
Clearance by initial from each section/departments.				

Type of Action: **Temporary Employment (2320)**

Notice Type: **Employment**

Temporary employees are those who are hired as interim replacements or to supplement the work force, or to assist in the completion of a specific project. Employment of a temporary in a 2320 account is limited to a maximum of six consecutive months in a program's fiscal year; however, a temporary employee may be extended for a maximum of an additional six consecutive months where, the program justifies maintaining the position as temporary or budget the position as regular status. While temporary employees receive mandated benefits (such as workers' compensation insurance and Social Security), they are ineligible for Navajo Nation benefit programs including annual and sick leave accrual.

ATTACHMENTS & SUPPORTING DOCUMENTS

- Justification Memorandum - Copy
- Individual Assessment Memorandum - Copy
- Employee's Withholding Allowance Certificate - W4 Form - 2021
- Appropriate State Withholding Form, if applicable:
 - AZ Residents - Employee's Arizona Withholding Election - Arizona Form A-4 - 2021 (Mailing Address)
 - NM Residents - Employee's Withholding Allowance Certificate - W4 Form - 2021 (must indicate New Mexico)
 - Exemption - Employee Withholding Exemption Certificate - AZ Form WEC - 2021 (Physical Address) Other
 - Applicable State Tax Withholdings Form
- 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

- Employee's Signature & Date
- Department Acceptance Signature & Date
- Not to Exceed Date

- Effective date shall be determined by the following:
 - 1. If the position is non-sensitive or is not designated, the effective date shall be after the date of the Individual Assessment.
 - 2. If the position is sensitive, the effective date shall be after the date of the Favorable Determination Notice issued by

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