

SAMPLE

THE NAVAJO NATION
PERSONNEL ACTION FORM

Employee Position I.D. No.
DPM USE ONLY

Form with fields for Employment Notice, Change Notice, Termination Notice, Effective Date, Employee Name, Mailing Address, Social Security Number, Census Number, Marital Status, Gender, Date of Birth, Ethnic Code, Worksite, Division/Department, Department Number, Business Unit Number, Position Title, Class Code, Grade Step, Hourly Rate, Per Annum, Remarks, Employee Signature, Date, Type of Termination, Department Acceptance, Date, Department Release, Date, Department of Personnel Management, Date, Cashiers Ofc, Accts Rec, P-Card Sec, Travel Adv, Credit Svcs, EE Benef, EE Hous, Fleet Mgt, Property, Retirement, Veterans, RECEIVED FEB 2019 stamp.

Type of Action: Temporary to Introductory; Subject to 90 Days Introductory Period Notice Type: Change

Selection must be made in accordance with the Navajo Nation Personnel Policies Manual (NNPPM) and the Navajo Preference in Employment Act (NPEA). The applicant must have applied for the position and was referred by the DPM. All new employees will be subject to a 90 days introductory period beginning with their first day of employment and ending on the 90th calendar day. The 91st day is the effective date of the change in status from introductory to regular status. Temporary and At-will employees are not subject to an introductory period.

ATTACHMENTS & SUPPORTING DOCUMENTS

- Justification Memorandum
Referral Memorandum - Copy
Non-Selection Letters - Copy
Federal - W4 Form - Employee's Withholding Allowance Certificate - Mailing Address
Appropriate State Withholding Form, if applicable:
Arizona Form A-4 - Employee's Arizona Withholding Election - Physical Address
NM - W4 Form - Employee's Withholding Allowance Certificate - Mailing Address
AZ Form WEC - Employee Withholding Exemption Certificate - 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
Employee Benefits Verification Stamp

- Any additional changes must be indicated in the "Remarks" section of the PAF (i.e. business unit number, position title, worksite, department number, grade step, etc.)
- Effective date shall be the beginning date of a pay period and 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 the beginning date of the next pay period 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 funded by an external contract and/or grant, prior verification from the Contact Accounting Section with the Office of the Controller is required.

Introductory Period:	Date of Employment:	10/01/2021
	Introductory Period:	10/01/2021 - 12/29/2021
	Completion Date:	12/29/2021
	PAF Effective Date:	12/30/2021