**SAMPLE** 

## THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.	
DDM LISE ONLY	

Employment Notice Change Notice			tice	Termination Notice					October 1, 2023							
Employee Name (Last, First Middle) Mailing Addr			Mailing Address	Iress (City, State, Zip Code)							Social Security Number					
Doe, John Yazzie										000-00-0000						
Census Number	Marital Status	G	ender		Date of Birth Ethnic Code					Worksite						
Division /Department							Departm	ent Number		Bus	iness Ur	Unit Number				
DHR   Department of	of Personnel Ma	anagemen	nt					022					009.10			
Position Title					Class Cod		Grade St	_	_	rly Rate	$\overline{}$	Per Annu		7.00		
Administrative Assis  Remarks : General Wa	age Adjustmen	t (GWA); C	Change	in Schedule	e ID, H		60 te and		162A J num.		)	20.31	\$	42,40	7.20	
<del></del>																
Employee Signature			Date		Type o	f Termina	tion:	☐ Re:	signation	Г	] Dis	scharge		avoff		
UNAVAIL	ABLE FOR SI	GNATURE	Ξ	This	• •									,	e been	
Department Acceptance			Date	acco	This section must be completed to ensure that all Tribal monies/property during employment have been accounted for by the following Departments.											
	REQUIRED			Т	Cashiers Office Accts Rec.  Travel Advances Veterans Admin											
Department Release			Date			ousing					ent Ofd					
				Em	Fleet Management Credit Services Employee Benefits Property Mgmt											
Department of Personnel Manag	ement		Date	D	Dept of Into Tech P-Card Section FMIS Section											
				Clea	rance by	initial from	each sect	tion/departr								
Type of Action: General Wage Adjustment (GWA)  Notice Type: Change																
Pursuant to the NNC Resolution No. CS-78-23, the Navajo Nation Fiscal Year 2024 Comprehensive Budget. was approved. Funds were appropriated for a General Wage Adjustment (GWA) to increase salaries and wages by 4.00%, effective on 10/01/2023. Accordingly, the following Salary Schedules shall be implemented by all divisions and programs of the Navajo Nation Executive and Legislative Branches.																
<ul> <li>Salary Schedule "CE" - Navajo Natipon - Regular</li> <li>Salary Schedule "CF" - Navajo Natipon - Premium</li> <li>Salary Schedule "CG" - Commissioned Law Enforcement Officers, Clinical Licensed EMT's, Criminial Investigations - Civilian</li> <li>Salary Schedule "CH" - Navajo Head Start Regular</li> <li>Salary Schedule "CI" - Navajo Head Start Premium</li> </ul>																
ATTACHMENTS & SU	PPORTING DOC	UMENTS														
☐ Approved Bu	udget and/or Ap	proved Bud	dget Re	vision Reque	est (BR	R) - Cop	у									
PAF REQUIREMENTS																
<ul> <li>Employee's Signature is preferred but not required. If the employee is unavailable, the PAF must state "Unavailable for Signature"</li> <li>Department Acceptance Signature &amp; Date</li> <li>Annual Salary is calculated at <u>2,088</u> hours pursuant to the Navajo Nation FY`24 Budget Instructions Manual (BIM).</li> <li>Note: The Per Annum for Seasonal or Regular Part-Time employees shall be calculated by multiplying the estimated total number of work hours by the employee's hourly rate</li> </ul>																
OTHER REQUIREMEN	ITS															
If the position is funded by an external contract and/or grant, verification from Contract Accounting/OOC is required prior to submitting the PAF to the DPM.																