

THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.

DPM USE ONLY

<input type="checkbox"/> Employment Notice		<input type="checkbox"/> Change Notice		<input type="checkbox"/> Termination Notice		Effective Date	
Last Name		First		Middle		Address	
City/State/Zip Code		Social Security Number					
Census Number	Marital Status	Gender	Date of Birth	Ethnic Code	Worksite		
Division /Department				Department No.		Business Unit Number	
Position Title				Class Code	Grade Step	Hourly Rate	Per Annum
REMARKS:							
Employee Signature				Date			
Type of Termination:				<input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff			
Department Acceptance				Date			
Department Release				Date			
Department of Personnel Management				Date			
This section must be completed to ensure that all Tribal monies/property during employment has been accounted for by the Financial Services Department and respective Nation Offices.							
Cashiers				Accts. Rec. (OOC)			
Travel Advances				Accts. Rec. (Vets./Pers.)			
Tribal Housing				Retirement Office			
Fleet Management				Credit Services			
Group Insurance				Property			
				P Card Office			
Clearance by initial from each section/departments.							

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