

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			
Department Acceptance				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 has been accounted for by the Financial Services Department and respective Nation Offices.			
				Dept of Info Tech		Accts. Rec. (OOC)	
				Employee Benefits		AP - Travel Advance	
				Employee Housing		Cashiers	
				Fleet Management		Credit Services	
				Retirement Office		FMIS Section	
				VA Loan Program		P-Card Section	
						Property	
				Clearance by initial from each section/departments.			

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