

THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.

	PERSONNEL ACTION FORM		DPM USE ONLY
Employment Notice	Change Notice	Termination Notice	Effective Date
Employee Name (Last, First Middle)	Mailing Addr	ess (City, State, Zip Code)	Social Security Number
Doe, John Yazzie			000-00-0000
Census Number Marital Status	Gender	Date of Birth Ethnic Code	Worksite
			Window Rock, AZ
Division /Department	acmont	Department Number	Business Unit Number
DHR / Department of Personnel Mana	gement	Class Code Grade Step	Hourly Rate Per Annum
Administrative Assistant		1260	
Remarks : Change in Department Number			
Employee Signature	Date	Type of Termination:	Discharge Layoff
UNAVAILABLE FOR SIGNA	TURE	Type of Termination: This section must be completed to ensure that all The	• •
Department Acceptance	Date	accounted for by the Financial Services Departmen	t and the following NN Departments or Offices
REQUIRED		Cashiers Ofc EE Benefits	
Department Release	Date	Accts Rec E	E Housing
		P-Card Sec F Travel Adv	Property
Department of Personnel Management	Date		Retirement
		Clearance by initial from each section/departments.	Veterans
Type of Action: Change in Department Number Notice Type: Change Also known as the Check Route Code, the department number is used by the NN Payroll Office for time sheet purposes. The new department number should be used in all official documents relative to personnel, payroll and/or budgeting purposes. The new department number should be used in all official documents relative to personnel, payroll and/or budgeting purposes.			
ATTACHMENTS & SUPPORTING DOCUMENTS			
Written request from the employee must be submitted to the Department of Personnel Management (DPM) and shall include:			
a.) The reason(s) for the change in department number			
b.) Signatures of the appropriate supervisor(s) and the employee.			
c.) Approval from the Department of Personnel Management			
Change in Department Number memorandum from the Classification & Pay Section/DPM Copy			
PAF REQUIREMENTS		<u>,</u>	
Employee's Signature is preferred but not required. If the employee is unavailable to sign the PAF, the PAF must state			
"Unavailable for Signature".			
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Department Acceptance Signat			
Department Acceptance Signat	ning date of the nex	t pay period following the the approved /DPM.	Change in Department
Department Acceptance SignatEffective date shall be the begin	ning date of the nex		Change in Department