

THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.

DPM	USE	ONLY	

							DPM USE ONLY				
Employment Notice	otico	Termination Notice				Effective Date					
	Change N						October 1, 2021			<u> </u>	
Employee Name (Last, First Middle)		Mailing Address	(City, State, Zip Code)				Social		/ Number	Г	
Doe, John Yazzie	Candar		Data of Disth		Ethnia Carla	Market		00	0-00-0000	<u> </u>	
Census Number Marital Status	/arried Gender		Date of Birth		Ethnic Code	Worksi	lle				
Division /Department		_		Departm	ent Number	Busine	ess Unit N	lumber			
DHR / Department of Personn	el Management				022						
Position Title			Class		Grade Step	Hourly	Rate		Per Annum		
Administrative Assistant				1260							
Remarks : Change in Name and	Marital Status										
Employee Signature	Date		Type of Term	ination.	Resignation		Disch	arde	Layoff		
REQUIRE	ED	This			to ensure that all Tr			Ũ	,	nt have	
Department Acceptance	Date				ervices Department						
		Cas	hiers Ofc		EE	Benefit	s				
Department Release	Date		Accts Rec			Housing	~ <u> </u>				
		P-Card Sec Fleet Mgmt Travel Adv Property									
Department of Personnel Management	Date	Cr	Credit Svcs Retirement								
		Clea	rance by initial	rom each se	ection/departments.	Veteran	s				
					Ne	+')h e e e			
Type of Action: Change in Name	and Marital Statu	IS			INO	tice Ty	ype: <u></u>	Jnang	je		
Update Benefit Information											
Employees should also contact the NN Employee Benefits Program to make any necessary adjusts to their benefit plan.											
Adjust Filing Status and Withholding Amounts:											
According to the IRS, "A person's				•					•		
event the newly-married couple pla	•	•	•		er adjusting thei	r withr	nolainę	g allo	wances base	a on	
the new combined income, adjustr Retirement Services	nents, deductions	, exemptions,	and credits								
Employees should also contact the	- Department of R	etirement Ser	vices to ma	ke anv ne	cessary adjust	nents	to the	ir roti	rement nlan		
						nonto			rement plan.		
ATTACHMENTS & SUPPORTIN											
Marriage Certificate or Di											
Updated Social Security (Card - Copy Appro	priate									
Tax Withholding Form(s),	if applicable:										
🔲 W4 Form - Federa	I - Employee's Wit	hholding Allow	ance Certifi	cate - Mai	ling Address re	quired					
W4 Form - New M	exico - Employee's	Withholding	Allowance C	ertificate -	- (must indicate	New I	Vexico	o) - M	ailing Addres	S	
PAF REQUIREMENTS											
Employee's Name as it a	ppears on the Soc	ial Security Ca	ırd								
Employee's Signature & Date											
Effective Date shall be determined by the PAF Submission Schedule											