SAMPLE

THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.

DPM USE ONLY

Employment Notice	Change Notice	Termination Notice	Effective Date October 1, 2021	
Employee Name (Last, First Middle)	Mailing Address	(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	
DHR / Department of Personne	I Management	Department Number	Business Unit Number 000000.0000	
Position Title Administrative Assistant		Class Code Grade Step	Hourly Rate Per Annum	
Remarks : Change in Worksite				
Employee Signature Date Type of Termination: Resignation Discharge Layoff				
REQUIRED This section must be completed to ensure that all Tribal monies/property during employm		ů ,		
Department Acceptance	Date accounted for by the Financial Services Department and the following NN Departments or Offices			
REQUIRE	Cas	Cashiers Ofc EE Benefits		
Department Release		Accts Rec EE Housing P-Card Sec Fleet Mgmt		
	P-Card Sec Fleet Mgmt			
Department of Personnel Management	Date Cr	Credit Svcs Retirement		
	VeteransClearance by initial from each section/departments.			
Type of Action: Change in Worksite Notice Type: Change				
Pursuant to the Navajo Nation Personnel Policies Manual ("NNPPM"), Section XII.H. Change in Worksite 1.) A change in worksite is strictly limited to moving an employee from one location to another within the same program. A change in business unit number may be necessary but there shall be no changes to the employment status, title or salary. 2.) A change in worksite may be voluntary or initiated by the supervisor to ensure effective and efficient operations. 3.) A change in worksite shall not be used for disciplinary reasons. 4.) A change in worksite may be temporary or permanent. If an employee's worksite involves the relocation to a different state, the applicable state tax forms should also be updated.				
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 worksite, the time period and expected results of the assignment; and b.) Reporting relationships; and c.) Signatures of the appropriate supervisor(s) and the employee. d.) Approval from the HR Director Change in Worksite memorandum from the Classification & Pay Section/DPM Copy □ Appropriate State Withholding Form, if applicable: □ AZ Residents - Employee's Arizona Withholding Election - Arizona Form A-4 - 2021 (Mailing Address) □ NM Residents - Employee's Withholding Allowance Certificate - W4 Form - 2021 (must indicate New □ Mexico) Exemption - Employee Withholding Exemption Certificate - AZ Form WEC - 2021 (Physical □ Address) Other Applicable State Tax Withholdings Form 				

Employee's Signature & Date If the employee acknowledged the CIW memorandum, the PAF may state "Unavailable for

☐ Signature".Department Acceptance Signature & Date

☐ Effective date shall be the beginning date of the pay period following the the approved CIW memorandum from the Classification & Pay Section/DPM.
OTHER REQUIREMENTS
☐ If the position is externally funded, verification from Contract Accounting/OOC is required prior to submitting the PAF to the DPM.