

SAMPLE

THE NAVAJO NATION
PERSONNEL ACTION FORM

Employee Position I.D. No.

DPM USE ONLY

<input type="checkbox"/> Employment Notice	<input checked="" type="checkbox"/> Change Notice	<input type="checkbox"/> Termination Notice	Effective Date October 1, 2021	
Employee Name (Last, First Middle) Doe, John Yazzie		Mailing Address (City, State, Zip Code) P.O. Box 0000; Window Rock, AZ. 86511		Social Security Number 000-00-0000
Census Number	Marital Status	Gender	Date of Birth	Ethnic Code
Division /Department DHR / Department of Personnel Management			Department Number 022	Business Unit Number
Position Title Administrative Assistant			Class Code 1260	Grade Step
Remarks : Change of Address				
Employee Signature REQUIRED		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 have accounted for by the Financial Services Department and the following NN Departments or Offices				
Cashiers Ofc _____		EE Benefits _____		
Accts Rec _____		EE Housing _____		
P-Card Sec _____		Fleet Mgmt _____		
Travel Adv _____		Property _____		
Credit Svcs _____		Retirement _____		
		Veterans _____		
Clearance by initial from each section/departments.				

Type of Action: Change of Address

Notice Type: Change

Mailing Address of current Navajo Nation employees.

ATTACHMENTS & SUPPORTING DOCUMENTS

- Federal W4 Form - Employee's Withholding Allowance Certificate - 2021 (Mailing Address)
- Appropriate State Withholding Form, if applicable: (optional)
 - AZ Form A-4 - Employee's Arizona Withholding Election - 2021 (Mailing Address)
 - AZ Form WEC - Employee Withholding Exemption Certificate - 2021 (Physical Address)
 - NM W4 Form - Employee's Withholding Allowance Certificate - 2021 (must indicate New Mexico)
 - Other Applicable State Tax Withholdings Form

PAF REQUIREMENTS

- Employee's Signature & Date
- Department Acceptance Signature is not required
- Effective date on the PAF shall be the date that the employee authorizes the change to their address