Employee Position I.D. No. THE NAVAJO NATION SAMPLE PERSONNEL ACTION FORM **DPM USE ONLY** Effective Date **Employment Notice Change Notice Termination Notice** October 1, 2021 Employee Name (Last, First Middle) Mailing Address (City, State, Zip Code) Social Security Number Doe. John Yazzie 00-00-0000 Census Number Marital Status Gender Date of Birth Ethnic Code Worksite Division /Department Department Number Business Unit Number DHR / Department of Personnel Management 022 00000.0000 Class Code Grade Step Hourly Rate **Administrative Assistant** 1260 Completion of 90 Days Supervisory Introductory Period Remarks: Employee Signature Type of Termination: ☐ Resignation □ Discharge UNAVAILABLE FOR SIGNATURE 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 Department Acceptance Date REQUIRED Cashiers Ofc. **EE Benefits** Department Release Accts Rec **EE Housing** Date P-Card Sec Fleet Mgmt Travel Adv Property Credit Svcs Retirement Department of Personnel Management Date Clearance by initial from each section/departments Notice Type: Change Type of Action: Completion of 90 Days Supervisory Introductory

Pursuant to the Navajo Nation Personnel Policies Manual ("NNPPM"), V.B.3.b., Supervisory Introductory Period - An employee promoted or transferred to a supervisory position or higher level supervisory position, will be subject to a supervisory introductory period of 90 calendar days. An employee to utilize leave benefits during the supervisory introductory period. These policies do not apply to temporary employees or At-will employees. Employees failing to successfully complete their supervisory introductory period will be returned to their previous position, if it is available, at their prior rate of pay. If the previous position is not available, they will be considered for a comparable position. If a comparable position is not available, they will be laid off and placed on preferential status for re-employment. Employees failing to satisfactorily complete a supervisory introductory period will not be considered for another supervisory position for a period of 12 months.

ATTACHMENTS & SUPPORTING DOCUMENTS

☐ Employee Performance Appraisal Form (EPAF)- C	ору
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- □ 1. Overal Rating Part I & II
- 2. Acknowledgement signatures from the Employee, Supervisor and Reviewing Official

PAF REQUIREMENTS

Employee's Signature is preferred but not required. If the employee is unavailable, the PAF must state "Unavailable	le for
Signature"	

- ☐ Department Acceptance Signature & Date
- ☐ Effective date shall be the 91 st calendar day

OTHER REQUIREMENTS

If the position is funded by an external contract and/or grant, the PAF must be verified by Contract Accounting/OOC for funds availability.