

SAMPLE

THE NAVAJO NATION
PERSONNEL ACTION FORM

Employee Position I.D. No.

DPM USE ONLY

<input type="checkbox"/> Employment Notice	<input type="checkbox"/> Change Notice	<input checked="" type="checkbox"/> Termination Notice	Effective Date October 1, 2021
Employee Name (Last, First Middle) Doe, John Yazzie		Mailing Address (City, State, Zip Code)	Social Security Number 000-00-0000
Census Number	Marital Status	Gender	Date of Birth
Division /Department DHR / Department of Personnel Management		Department Number 022	Business Unit Number 000000.0000
Position Title Administrative Assistant		Class Code 1260	Grade Step

Remarks : **Death**

Employee Signature UNAVAILABLE FOR SIGNATURE	Date	Type of Termination: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff										
Department Acceptance	Date	<p>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</p> <table border="0"> <tr> <td>Cashiers Ofc _____</td> <td>EE Benefits _____</td> </tr> <tr> <td>Accts Rec _____</td> <td>EE Housing _____</td> </tr> <tr> <td>P-Card Sec _____</td> <td>Unempl Ins _____</td> </tr> <tr> <td>Travel Adv _____</td> <td>Unempl Ret _____</td> </tr> <tr> <td>Credit Svcs _____</td> <td></td> </tr> </table> <p style="text-align: center;">REQUIRED</p>	Cashiers Ofc _____	EE Benefits _____	Accts Rec _____	EE Housing _____	P-Card Sec _____	Unempl Ins _____	Travel Adv _____	Unempl Ret _____	Credit Svcs _____	
Cashiers Ofc _____	EE Benefits _____											
Accts Rec _____	EE Housing _____											
P-Card Sec _____	Unempl Ins _____											
Travel Adv _____	Unempl Ret _____											
Credit Svcs _____												
Department Release REQUIRED	Date											
Department of Personnel Management	Date											

Type of Action: **Deceased (Death)** Notice Type: **Termination**

The supervisor shall take reasonable steps to assure that arrangements are made to provide payment to the employee's estate of any salary, overtime, or accrued annual leave payments due. Unless leave without pay was previously approved, an employee shall be compensated through the date of death. Upon receipt of all required documents, a final paycheck including payment for hours worked, accrued annual leave, and any overtime, will be issued. Be advised that all or part of the final pay check and/or annual leave payment may be withheld to satisfy any indebtedness to the Navajo Nation.

When appropriate but as soon as possible, family members or beneficiaries should contact the Navajo Nation Employee Benefits Program to schedule a meeting with a Benefits Representative to discuss the benefits that are available and to determine the beneficiaries for all other employer-provided benefits (for example, life insurance coverage). If a spouse or dependents were covered by the employee's health insurance plan, they must be notified of their rights to continue coverage under COBRA, when applicable.

ATTACHMENTS & SUPPORTING DOCUMENTS

- Additional documentation may be required by the NN Employee Benefits Program and/or the Health Plan Administrator.

PAF REQUIREMENTS

- Employee's Signature Box must state "Unavailable for Signature"
- Department Release Signature & Date
- Clearance Signatures from all Sections/Departments
- Employee Benefits Verification Stamp
- Effective date on the PAF shall be the date of the employee's death

OTHER REQUIREMENTS

- If the position is externally funded by a contract/grant, prior verification from Contract Accounting/OOC is required.
- Property Clearance Form is preferred but not required.