

**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 <b>October 1, 2021</b>	
Employee Name (Last, First Middle) <b>Doe, John Yazzie</b>			Mailing Address (City, State, Zip Code)			Social Security Number <b>000-00-0000</b>	
Census Number	Marital Status	Gender	Date of Birth	Ethnic Code	Worksite		
Division /Department <b>DHR / Department of Personnel Management</b>				Department Number <b>022</b>	Business Unit Number <b>000000.0000</b>		
Position Title <b>Administrative Assistant</b>			Class Code <b>1260</b>	Grade Step	Hourly Rate	Per Annum	
Remarks : <b>End of Family and Medical Leave</b>							
Employee Signature <b>UNAVAILABLE FOR SIGNATURE</b>			Date				
Department Acceptance <b>REQUIRED</b>			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 _____		Accts Rec _____		P-Card Sec _____		Travel Adv _____	
Credit Svcs _____		EE Benefits _____		EE Housing _____		Fleet Mgmt _____	
				Property _____		Retirement _____	
				Veterans _____			
Clearance by initial from each section/departments.							

Type of Action: **End of Family and Medical Leave**

Notice Type: **Change**

Pursuant to the Navajo Nation Personnel Policies Manual ("NNPPM"), X.D.4.(d). A medical certification is required to resume work. Upon return from family and medical leave, an employee shall return to the same position and their annual and sick leave accruals will resume. An employee's failure to return to work after the duration of approved family and medical leave and any other authorized leave, shall be deemed a resignation.

**ATTACHMENTS & SUPPORTING DOCUMENTS**

- Medical certification to return to work - Original
  - Date cleared to return to work
- Depending on the requirements of the department, may be required to complete a physical examination

**PAF REQUIREMENTS**

- Employee's Signature is preferred but not required. If the employee is unavailable, the PAF must state "Unavailable for Signature"
- Department Acceptance Signature & Date

**OTHER REQUIREMENTS**

- If the position is externally funded by a contract/grant, prior verification from Contract Accounting/OOC is required.