**SAMPLE** 

DPM.

## THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.
DPM USE ONLY

Employment Notice	Change Notice	ce Termination Notice		Effective Date October 1, 2021		
Employee Name (Last, First Middle)	Mailing Address	(Cit	y, State, Zip Code)	Social Security Number		
Doe, John Yazzie				000-00-0000		
Census Number Marital Status	Gender	Date of Birth	Ethnic Code	Worksite		
DHR / Department of Personn	el Management	Departn	nent Number 022	Business Unit Number 000000.0000		
Position Title  Administrative Assistant		Class Code 1260	Grade Step	Hourly Rate Per Annum		
Remarks : Extension of 90 Days Introductory Period, Not to Exceed: mm/dd/yyyy						
Employee Signature REQUIRE	Date	Type of Termination:	☐ Resignation	☐ Discharge ☐ Layoff		
Department Acceptance Date accounted for by the Financial Services Department and the following NN Departments or Office						
REQUIRE Department Release	J	Cashiers Ofc         EE Benefits           Accts Rec         EE Housing				
Department Notedade	P	P-Card Sec Fleet Mgmt				
Department of Personnel Management		Travel Adv         Property           Credit Svcs         Retirement				
	Clea	Veterans Clearance by initial from each section/departments.				
Type of Action: Extension of 90 Days Introductory Period Notice Type: Change						
Pursuant to the Navajo Nation Personnel Policies Manual ("NNPPM") V.B.8. Extension of 90-Day Introductory Period  a. If a supervisor determines that the introductory period for a new employee does not allow sufficient time to thoroughly evaluate the employee's performance, he/she may request that the introductory period be extended for thirty calendar days.  b. The supervisor's request to extend an employee's 90-day introductory period must include a statement regarding the employee's current performance levels in assigned areas of responsibility and justification for extension. The supervisor must also notify the employee of the extension, in writing, before the conclusion of the initial introductory period. If timely notice is not provided to the employee, the request will be denied.  If any introductory period is interrupted by an employee's extended absence due to medical reasons, the introductory period may be extended the number of calendar days the employee was absent.						
ATTACHMENTS & SUPPORTING DOCUMENTS						
<ul> <li>□ Written Request from the Supervisor must be submitted to the Department of Personnel Management (DPM) and shall include the following:</li> <li>□ a.) Statement regarding the employee's current performance levels in assigned areas of responsibility</li> <li>□ b.) Justification for the extension</li> <li>□ c.) Employee's acknowledgement</li> </ul>						
PAF REQUIREMENTS						
<ul> <li>Employee's Signature &amp; Date</li> <li>Department Acceptance Signature &amp; Date</li> <li>Not to Exceed Date</li> </ul>						
OTHER REQUIREMENTS						

☐ If the position is externally funded, verification from Contract Accounting/OOC is required prior to submitting the PAF to the