

THE NAVAJO NATION

Employee Position I.D. No.

PERSONNEL ACTION FORM			DPM USE ONLY	
Employment Notice Change Notice		Termination	Notice	Effective Date October 1, 2021
Employee Name (Last, First Middle) Doe, John Yazzie	Mailing Addres	cs (City	y, State, Zip Code)	Social Security Number 000-00-0000
Census Number Marital Status	Gender	Date of Birth	Ethnic Code	Worksite
Division /Department DHR / Department of Personne Position Title	el Management	Class Code	nent Number 022 Grade Step	Business Unit Number K000000.0000 Hourly Rate Per Annum
Administrative Assistant		1260		
Remarks :				
Employee Signature Date UNAVAILABLE FOR SIGNATURE Type of Termination: Resignation Discharge Layoff This section must be completed to ensure that all Tribal monies/property during employment have				
Department Acceptance Date Completed to ensure that all Hibal montes property during employment have accounted for by the Financial Services Department and the following NN Departments or Offices				
Department Release	Date	Cashiers Ofc Accts Rec	EE	Benefits Housing
		P-Card Sec		Property
Department of Personnel Management	Date	Credit Svcs Clearance by initial from each		etirement
Type of Action: Extension of Co	ntract/Grant			tice Type: Change
Extension(s) of employee assignments funded by an external contract/grant are subject to the availability of funds and will be extended according to the approved budget.				
ATTACHMENTS & SUPPORTING DOCUMENTS				
Approved Budget and/or Approved Budget Revision Request (BRR) - Copy				
PAF REQUIREMENTS				
Employee's Signature is preferred but not required. If the employee is unavailable, the PAF must state "Unavailable for Signature"				
Department AcceptanceNot to Exceed Date	Signature & Date			
OTHER REQUIREMENTS				

Applicable for positions funded by an external contract/grant

Prior verification from Contract Accounting/OOC is required.