

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 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	Ethnic Code Worksite
Division /Department DHR / Department of Personnel Management			Department Number 022	Business Unit Number 000000.0000
Position Title Administrative Assistant		Class Code 1260	Grade Step	Hourly Rate Per Annum
Remarks : Extension of Family and Medical Leave, Not to Exceed: mm/dd/yyyy				
Employee Signature UNAVAILABLE FOR SIGNATURE		Date		
Department Acceptance REQUIRED		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 _____		EE Benefits _____		
Accts Rec _____		EE Housing _____		
P-Card Sec _____		Fleet Mgmt _____		
Travel Adv _____		Property _____		
Credit Svcs _____		Retirement _____		
Clearance by initial from each section/departments.				

Type of Action: **Extension of Family and Medical Leave ("FML")**

Notice Type: **Change**

Pursuant to the Navajo Nation Personnel Policies Manual ("NNPPM") § X.D. Family and medical leave of absence is approved unpaid leave available to eligible employees for up to six months per year under particular circumstances that are critical to the life of a family. a. The first three months of leave are nondiscretionary; if the leave is requested consistent with these policies, the supervisor must approve the leave. b. The second three month period is discretionary. The supervisor has the authority to approve/disapprove the leave.

ATTACHMENTS & SUPPORTING DOCUMENTS

- Written request for an extension must be submitted by the employee to their supervisor prior to the end of FML and shall contain:
 - Reason(s) for the additional leave requested must meet the criteria and be based on the NNPPM.X.D.1,a through d.
 - Supervisor's Approval
- Certification of Physician or Practitioner - Original
- Medical Certification Statement (Employee's Own Serious Illness) - Optional
- Medical Certification Statement (Illness of Employee's Family Member) - if applicable

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
- Not to Exceed Date
- Employee Benefits Verification Stamp

OTHER REQUIREMENTS

- If the position is funded by an external contract and/or grant, prior verification from the Contract Accounting Section with the Office of the Controller is required.