SAMPLE		AVAJO NATION Employee Position I.D. No. DPM USE ONLY
Employment Notice	Change Notice	Termination Notice
Employee Name (Last, First Middle) Doe, John Yazzie	Mailing Addre	ess (City, State, Zip Code) Social Security Number
Census Number Marital Status	Gender	Date of Birth Ethnic Code Worksite
Division /Department	nel Management	Department Number   Business Unit Number     022   000000.0000
Position Title Administrative Assistant		Class Code Grade Step Hourly Rate Per Annum 1260 BQ62A \$18.60 \$37,564.80
Remarks : Reclassification: Cha	nge in Position Title, Class	S Code, Grade Step, Hourly Rate and Per Annum.
Employee Signature	Date	Type of Termination:
Department Acceptance		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
REQUIRE	D	Cashiers Ofc EE Benefits
Department Release	Date	Accts Rec         EE Housing           P-Card Sec         Fleet Mgmt           Travel Adv         Property
Department of Personnel Management	Date	Credit Svcs Retirement Clearance by initial from each section/departments.
Type of Action Reclassification	1	Notice Type: Change

The reclassification of a position is defined as a significant and permanent change to the duties and responsibilities of a position. A position must be officially reclassified before a supervisor can take any personnel action with respect to employment, transfer, promotion, demotion, or salary, and shall not be used as a means to resolve performance-related problems, grievance issues, or to take the place of disciplinary actions. The effective date of reclassification decisions shall be the beginning date of the pay period following the date of approval and shall not be retroactive. (see below)

## **ATTACHMENTS & SUPPORTING DOCUMENTS**

Position Reclassification Memorandum - Copy

Individual Assessment Memorandum - Copy

Approved Budget and/or Approved Budget Revision Request (BRR) - Copy

NN Application for Employment (*Revised 9/16/2016*)

Certificates, Licensures, Degrees/Transcipts, if required by the position

## PAF REQUIREMENTS

	Employee's	Signature & Date	
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Department Acceptance Signature & Date

Any additional changes must be indicated in the "Remarks" section of the PAF (i.e. business unit number, position title, worksite, department number, grade step, etc.)

Effective date shall be the beginning date of a pay period and shall be determined by the following:

1. If the position is <u>non-sensitive</u> or is <u>not designated</u>, the effective date shall be the beginning date of the pay period following the date of the Individual Assessment memorandum.

2. If the position is <u>sensitive</u>, the effective date shall be the beginning date of the pay period following both the, Favorable Determination Notice issued by the Office of Background Investigations and the Individual Assessment.

☐ If the position is reclassified to a supervisory position or higher level supervisory position, the employee shall be subject to a 90-Day Supervisory Introductory Period. Include in the PAF Remarks: "Subject to 90 Days Supervisory Introductory Period".

## Reclassification

In the event that a position is reclassified from a non-sensitive position to a sensitive position, the employee shall be required to undergo a background check and suitability assessment pursuant to the NNPPM Section IV.K., prior to taking any personnel action with respect to change in position title and salary.,

Favorable Determination Notice - OBI - Copy

## 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.