

THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.

		DPM USE ONLY
Change Notice	Termination Notice	Effective Date October 1, 2021
Mailing Address	(City, State, Zip Code)	Social Security Number
PO Bo		000-00-0000
Sex	Date of Birth Ethnic Code	Worksite Worksite
Married Male/Female	[mm/dd/yyyy] 05]	Window Rock, AZ
	Department Number	Business Unit Number
el Management	022	000000.0000
	Class Code Grade Step	Hourly Rate Per Annum
	[1366] [BJ58A]	\$ 12.80 \$ 26,726.40
uant to Settlement Agreem	ent; eligible to accrue and utilize a	annual and sick leave
Date	Type of Termination: Resignation	🔲 Discharge 🔲 Layoff
	section must be completed to ensure that all Trib	nal monies/propert 251623 area
Date have	e been accounted for by the respective NN Depar	tments/Ofifcese Financial Services Department and
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		Dusing Credit Services
		PROGRAGATO Office
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Duto 0		ement
Clearance by initial from each section/departments.		
	Mailing Address PO Bo PO Bo Married Male/Female Male/Female Male/Female Male/Female Male/Female Date Date Date Date Date Date Date Car Date Car Date Car Date Car Date Car Date Car	Mailing Address (City, State, Zip Code) PO Box 7080; Window Rock, AZ 86515 Married Sex Male/Female Date of Birth Ethnic Code Management 05 Class Code Grade Step 1366 BJ58A uant to Settlement Agreement; eligible to accrue and utilize a Date Type of Termination: Date This section must be completed to ensure that all Trit have been accounted for by the respective NN Depart Date Accts Rec Date Fleet Date Cashiers Ofc Date Fleet Date Pravel Adv Date Predit Svcs

Type of Action: Reinstatement pursuant to Settlement Agreement

Notice Type: Employment

Pursuant to the Navajo Preference in Employment Action ("NPEA"), § 612. Remedies and Sanctions, If, following notice and hearing, the NN Labor Commission ("Commission") finds that respondent has violated the Act, the Commission shall: **1.** Issue one or more remedial orders, including without limitation, directed hiring, **reinstatement**, displacement of non-Navajo employees, back-pay, front-pay, injunctive relief, mandated corrective action to cure the violation within a reasonable period of time, and/or, upon a finding of intentional violation, imposition of civil fines; provided that liability for back-pay or other forms compensatory damages shall not accrue from a date more than two years prior to the date of filing of the Charge which is the basis for the complaint. **2.** In the case of an individual suit initiated pursuant to § 610(H) award costs and attorneys' fees if the respondent's position was not substantially justified. **3.** Refer matters involving respondent contracts, agreements, leases and permits to the Navajo Nation Attorney General for appropriate action. The decision of the Commission shall be final with a right of appeal only on questions of law to the Navajo Nation Supreme Court. An employee who is reinstated shall make arrangements with the NN Employee Benefits Program to update their coverage for benetits.

ATTACHMENTS & SUPPORTING DOCUMENTS

	Justification	Memorandum ·	- Copy
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- NN Application for Employment (*Revised 9/16/2016*)
- Social Security Card Copy
- Valid State Drivers License or Identification Card Copy
- Certificates, Licensures, Degrees/Transcipts, if required by the position
- Appropriate State Withholding Form, if applicable:
 - AZ Residents Employee's Arizona Withholding Election Arizona Form A-4 (Mailing Address)
 - NM Residents Employee's Withholding Allowance Certificate W4 Form (Mailing Address)
 - Exemption Employee Withholding Exemption Certificate AZ Form WEC (Physical Address)
 - Other Applicable State Tax Withholdings Form
- Navajo Nation Policy on Drugs and Alcohol in the Workplace

PAF REQUIREMENTS

Employee's Signature & Date

Department Acceptance Signature & Date

Employee Benefits Verification Stamp

Effective date shall be as ordered per the Settlement Agreement

BACKGROUND CHECK REQUIREMENT - SENSITIVE POSITIONS

If the position is designated as a <u>sensitive</u> position, the employee shall be required to undergo a background check and suitability assessment prior to beginning employment, pursuant to the NNPPM Section IV.K.

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.

Ethic Codes : 01 - White

02 - Black/African American

- 03 Hispanic/Latino
- 04 Asian

- 05 Navajo
- 06 Other Native American
- 07 Alaska Native
- 30 Hawaiian/Pacific Islander