

SAMPLE

THE NAVAJO NATION
PERSONNEL ACTION FORM

Employee Position I.D. No.
DPM USE ONLY

<input type="checkbox"/> Employment Notice	<input type="checkbox"/> Change Notice	<input checked="" 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 Window Rock, AZ
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 : Resignation				
Employee Signature UNAVAILABLE FOR SIGNATURE		Date		
Department Acceptance		Date		
Department Release REQUIRED		Date		
Department of Personnel Management		Date		
Type of Termination: <input checked="" 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 _____		Procurement _____		
Credit Svcs _____		Veterans _____		
Clearance by initial from each section/departments.				

Type of Action: **Resignation**

Notice Type: **Termination**

Per the Navajo Nation Personnel Policies Manual (NNPPM), XV.B. Resignation,

- 1.) An employee may voluntarily terminate employment with the Navajo Nation by submitting a letter of resignation.,
- 2.) The employee resigning shall give at least ten working days notice, unless the supervisor consents to the employee leaving sooner,
- 3.) An employee who submits a written resignation may, with the supervisor's approval, withdraw the resignation and be restored to the vacated position, provided the written request for withdrawal is submitted to the supervisor prior to the effective date of the resignation.

ATTACHMENTS & SUPPORTING DOCUMENTS

- Resignation Letter from the employee, with the following information:
 - a.) Effective date or the last day worked
 - b.) Employee's signature/date

PAF REQUIREMENTS

- Employee's Signature is preferred but not required. If the employee is unavailable, the PAF must state "Unavailable for Signature"
- Department Release Signature & Date
- Clearance Signatures from all Sections/Departments

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.