

THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.

DPM USE ONLY

Employment Notice		Change Notice		Termination Notice		Effective Date			
						October 1, 2021			
Employee Name (Last, First Middle)		Mailing Address		(City, State, Zip Code)		Social Security Number			
Doe, John Yazzie						00	0-00-0000		
Census Number M	larital Status	Gender		Date of Birth	Ethnic Code	Worksit	ie		
Division /Department				Department Number			Business Unit Number		
DHR / Department of Personnel Management					022		0000	00.000	
Position Title				Class Code	Grade Step	Hourly I	Rate	Per Annum	
Administrative Assistant				1260					
Remarks : Start of Administrative Leave with Pay, Not to Exceed: mm/dd/yyyy									
Konans. Colar of Manninstrative Leave with r dy, Not to Exceed. minindaryyyy									
Employee Signature Date The state of the sta									
Employee Signature Date				Type of Termination: 🗌 Resignation 🔲 Discharge 🔲 Layoff					
UNAVAILABLE FOR SIGNATURE				This section must be completed to ensure that all Tribal monies/property during employment have					
Department Acceptance		Date	ассоц	counted for by the Financial Services Department and the following NN Departments or Offices					
	REQUIRE								
Demostra ant Delegas				niers Ofc ccts Rec		E Benefits E Housing			
Department Release		Date		Card Sec		eet Mgmt			
				avel Adv		Property			
Department of Personnel Manager	ment	Date		edit Svcs	R	etirement			
1 3						Veterans	;		
Clearance by initial from each section/departments.									
Type of Action: Start of Administrative Leave with Pay (Investigatory Purposes) Notice Type: Change								a e	
Type of Action. Start C		auve Leave will Fay	าแพ่ธรแหลเ						
Pursuant to the Navajo					• •	• •			

administrative leave with pay to investigate alleged misconduct sufficiently serious to bar an employee from the workplace to protect persons or Nation resources. Such leave may not exceed five consecutive working days unless extended. The supervisor shall give written notice of the administrative leave to the employee. Upon receipt of the written notice, the employee shall be required to leave the workplace immediately and surrender keys, computers, work cell phones and other government property. The employee shall provide a contact phone number and be available during the leave to provide information relevant to the investigation.

ATTACHMENTS & SUPPORTING DOCUMENTS

Written Notice to the employee of their placement on administrative leave; the notice shall include the following:

- a. Reasons for the administrative leave, including the specific misconduct the employee is alleged to have committed
- b. Number of days the employee will be on leave
- C. Employee's Acknowledgement of Receipt

PAF REQUIREMENTS

Employee's Signature is preferred but not required. If the employee refuses to sign or is unavailable, the PAF must state either
"Refused to Sign" or "Unavailable for Signature".

- Department Acceptance Signature & Date
- Not to Exceed Date
 - Shall not exceed (5) consecutive working days

OTHER REQUIREMENTS

If the position is externally funded by a contract/grant, prior verification from Contract Accounting/OOC is required.