**SAMPLE** 

## THE NAVAJO NATION PERSONNEL ACTION FORM

Employee Position I.D. No.	
DDM LISE ONLY	

Foundation and Nation	Change Nation	Tamain ati	Notice	Effective Date
Employment Notice	Change Notice			October 1, 2021
Employee Name (Last, First Middle)	Mailing Address	s (Ci	ty, State, Zip Code)	Social Security Number
Yazzie, John Doe		T	I=	000-00-0000
Census Number Marital Status	Sex	Date of Birth	Ethnic Code	Worksite
Division /Department		1	Department Number	Business Unit Number
DHR/Department of Personnel I	Vlanagement		022	000000.0000
Position Title		Class Code	Grade Step	Hourly Rate Per Annum
Office Specialist		1366		
Remarks : Start of Suspension,	Not to Exceed: mm/dd/yyyy			
Employee Signature	Date			
UNAVAILABLE FOR	SIGNATURE	Type of Termination:	☐ Resignation	☐ Discharge ☐ Layoff
Department Acceptance		This section must be completed to ensure that all Tribal monies/property during employment have been accounted for by the respective NN Departments/Offices		
REQUIRE		,		
Department Release	Date	Cashiers Ofc         EE Benefits           Accts Rec         EE Housing		
'		P-Card Sec	Fleet	Mgmt
Department of Personnel Management		Travel Adv Veterans Credit Svcs Property		
·			Retir	rement
	O	learance by initial from each	section/departments.	
Type of Action: Start of Suspe	nsion		Notic	ce Type: Change
Pursuant to the Navajo Nation Pe	rsonnel Policies Manual ("NN	NPPM"), Those respon	nsible for the admi	inistration of discipline must be firm,
impersonal, and free from prejudio	•	,, ,		·
3. Supervisors shall be specific in	•		•	
and hours when the suspension	•			•
4. Suspensions imposed under the	<del>-</del>			· ·
workplace during the period of suspension. At the discretion of the supervisor, an employee may be placed on a working paid suspension. During the period of suspension, the employee shall continue to carry out his/her regular duties at the workplace. A paid				
suspension is grievable.	i suspension, the employee s	snail continue to carry	out his/her regula	ir duties at the workplace. A paid
	NO DOCUMENTO			
ATTACHMENTS & SUPPORTI				
	ction for Suspension - Copy			
	te identification of the party,	- ·	· ·	
☐ 2. the date(s) on which the violation(s) occurred, or where such acts are of a continuing nature and are the basis				
for the disciplinary action, the period of time when the acts occurred; and				
☐ 3. a reference to the Table of Penalties regarding the offense(s) committed and the penalty imposed; and				
☐ 4. a clear and co	ncise statement of the facts of	constituting the alleged	d violation(s); and	
☐ 5. an explanation and	of the employee's right to ap	ppeal the disciplinary a	action pursuant to	Section XIV Employee Grievance;
		-	the notice, or if em	ployee refuses to acknowledge, the
7 IT the employe	mployee refused to sign and se is unavaliable to sign the S Postal Service - Certified	acknowledgement r		by or the Termination Notice must

PAF REQUIREMENTS

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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".

<ul> <li>□ Department Acceptance Signature &amp; Date</li> <li>□ Not to Exceed Date</li> <li>□ Effective date shall be according to the disciplinary notice</li> </ul>
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.