

SAMPLE

THE NAVAJO NATION
PERSONNEL ACTION FORM

Employee Position I.D. No.
DPM USE ONLY

<input type="checkbox"/> Employment Notice	<input checked="" type="checkbox"/> Change Notice	<input 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	Hourly Rate Per Annum
Remarks : Start of Family and Medical Leave (FML), Not to Exceed: mm/dd/yyyy				
Employee Signature UNAVAILABLE FOR SIGNATURE		Date		
Department Acceptance REQUIRED		Date		
Department Release		Date		
Department of Personnel Management		Date		
Type of Termination: <input 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 _____		Property _____		
Credit Svcs _____		Retirement _____		
		Veterans _____		
Clearance by initial from each section/departments.				

Type of Action: Start of Family and Medical Leave (FML) Notice Type: Change

Family and medical leave of absence is approved unpaid leave available to eligible employees for up to six months per year under particular circumstances that are critical to the life of a family. All regular status employees who have been employed with the Navajo Nation for one year are eligible for FML. The application for FML, including the required forms must be completed and signed by the appropriate individuals. The first three months of leave are non-discretionary; if the leave is requested consistent with these policies, the supervisor must approve the leave. For assistance, please refer to the FML procedures available on the DPM website at www.dpm.navajo-nsn.gov, or contact the Employee Relations Section/DPM.

ATTACHMENTS & SUPPORTING DOCUMENTS

- Application for Family and Medical Leave
 - Employer Response to Employee Request for Family and Medical Leave
 - Certification of Physician or Practitioner - Original
 - Medical Certification Statement (Employee's Own Serious Illness) - Optional
 - Medical Certification Statement (Illness of Employee's Family Member) - if applicable

PAF REQUIREMENTS

- Employee's Signature is preferred but not required. If the employee is unavailable, the PAF must state "Unavailable for Signature"
- Department Acceptance Signature & Date
- Not to Exceed Date (shall not exceed the the NN fiscal year end date)

OTHER REQUIREMENTS

- If the position is externally funded, verification from Contract Accounting/OOC is required prior to submitting the PAF to the DPM.