



Navajo Nation
Department of Information Technology
E-mail Form for a navajo-nsn.gov account

REASON

New Employee Transfer to another department Re-hire Other

If you choose transfer, re-hire or other, please specify:

Prior navajo-nsn.gov E-Mail:

EMPLOYEE INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ AB#: _____ BU#: _____

Business Number: _____ Position/Title: _____

DEPARTMENT INFORMATION

Executive Branch Judicial Branch Legislative Branch Chapter Other

Department & Program: _____ Fax Number: _____

Business Mail Address: _____ City: _____ State: _____ Zip Code: _____

Department/Program site location: _____

SUPERVISOR INFORMATION *(Supervisor **MUST** have a navajo-nsn.gov e-mail address.)*

Supervisor Name: _____ Supervisor navajo-nsn.gov E-Mail: _____ Supervisor Phone: _____

Notice:
The Navajo Nation reserves ownership of all e-mail communication and file attachments transmitted through or residing in the Navajo Nation e-mail system. Navajo Nation employees or officials utilizing the Navajo Nation e-mail system, shall not knowingly send, forward, receive, accept or open e-mail that: Disrupts, obstructs, or burdens network resources for non-business purposes (i.e., chain letters, junk mail, etc.); Utilizes e-mail for any unlawful purpose; Conduct, or attempts to conduct any gambling, betting, wagering, or gaming activity; Conduct any solicitation activity; Violates or infringes on the rights and privacy of any other person.

Allow up to 5 (five) working days to process. The supervisor listed on the application will be e-mailed with employee e-mail credentials. All information is required. If missing, application will be returned.

AUTHORIZATION

Employee Signature _____
Date

Department Head Signature *(listed on PAF)* _____
Date

OFFICIAL USE ONLY:

DIT HD#: _____ Date Ticket Completed: _____ Completed by: _____

User name: _____ User Password: _____

Notes