

STATE OF NEVADA POSITION QUESTIONNAIRE INSTRUCTIONS

To be completed for new position or position reclassification requests

The Division of Human Resource Management (DHRM), Nevada Personnel Document (NPD), Position Questionnaire (NPD-19) form is to be submitted for CLASSIFIED positions only. Do not submit for unclassified positions, contracted positions or members of boards or commissions.

The classification process should be utilized when a new position is established or when an existing position experiences significant change in duties and responsibilities which alters the basic mission or purpose of the position to the degree that it no longer meets the class to which it is assigned, per Nevada Administrative Code (NAC) 284.126.

Agencies may submit the first page of the NPD-19 form for a new position or multiple positions if the class is listed on the "NPD-19 Short Form Class List" and the position(s) performs essentially all of the type and level of duties and responsibilities described in the class specification. The current organizational chart, a proposed organizational chart and a copy of the class specification for the requested class must be attached.

Pursuant to NAC 284.130, employees of the State of Nevada in a classified position may submit a request to reclassify their position without agency knowledge or approval. Check the box(s), in the Appointing Authority/Incumbent Certification section of page one, indicating "No" in response to the question, "Is this request being submitted with agency knowledge or approval?"

The purpose of the classification process is to ensure that classified positions which are assigned like duties and responsibilities are placed in the same class. The process for reviewing a position involves the analysis of position factors the incumbent is required to perform. The classification methodology utilizes seven factors in analyzing positions: 1) the nature and complexity of work performed; 2) knowledge, skills and abilities required; 3) supervisory/managerial responsibility; 4) independence/supervision received; 5) scope of responsibility/consequence of error; 6) authority to take action/decision-making; and 7) personal contacts necessary to complete work. Personal ability, performance, dedication and longevity are personal characteristics that are not factors considered in the objective analysis utilized in the classification process. Likewise, new or advanced technology, workload and the volume of work performed are not considered in the classification analysis.

COMPLETING NPD-19 FORM

Complete the Position Information section and obtain the appropriate signatures in the Appointing Authority/Incumbent Certification section of page one of the NPD-19 form. **A hard copy of the NPD-19 should be submitted to the agency's human resource personnel or DHRM.**

Questions 1 through 14 of the NPD-19 form should do the following:

- **Question 1:** Briefly state the significant change in duties and responsibilities which have been made to an existing position since it was established or last reviewed by DHRM; why the change was made to the position; if the change is the result of legislative changes, board/commission proceedings, new organizational goals, etc.; if additional responsibilities ascribed to the organization required a new position or additional duties added to an existing position.
- **Question 2:** Explain the impact the additional duties and/or responsibilities may have on other positions within the agency, department, bureau, office, division, section, unit, etc. Indicate whether the duties and/or responsibilities were removed from another position(s); list the classification title and position control number of the affected position(s). **Note:** A separate NPD-19 may be requested for the affected position(s), if duties have been removed from an existing position.
- **Question 3:** Provide the incumbent(s) name and agency, budget account number(s) and/or position control number(s) of existing position(s) with similar or the same duties as the position the department would like DHRM to compare duties to, if available.
- **Question 4:** Briefly describe the major purpose of the position. **Note:** Detailed duty statements belong in question 5.
- **Question 5:** Detail each duty required of the position; provide clear and concise descriptions; organize similar duty functions together and list in a logical sequence (e.g., most complex to least complex or most time consuming to least time consuming); estimate the percentage of time spent on each duty, if it is not possible to estimate the percentage of time spent in each duty daily, estimate the time on a weekly, monthly or annual basis; and indicate new duties or functions by an asterisk (*) next to each new duty or new function within a duty. The total percentage of all duties should equal 100 percent. **Note:** Do not include work performance standards (e.g., customer service, team work, judgment, professionalism, etc.).

STATE OF NEVADA POSITION QUESTIONNAIRE INSTRUCTIONS

- **Question 6:** Provide examples of the duties performed by the position that require the incumbent to make choices, determinations or judgments.
- **Question 7a and 7b:** Provide information about the position(s) and/or contracted, volunteer or student oversight exercised by the position.
- **Question 8a and 8b:** Provide information about the position(s) (e.g., classification title, position control number, etc.) supervised by the position's incumbent and the extent of supervision exercised. Include direct and indirect subordinate staff.
- **Question 9:** List licenses, certificates, degrees or credentials required by law to perform the duties of the position.
- **Question 10:** Provide a detailed list of the equipment the incumbent will use to perform the duties of the position.
- **Question 11a and 11b:** Indicate the direct supervisor of the position and the extent of supervision the incumbent will receive (i.e., close supervision, general supervision, limited supervision, general direction, administrative direction, general administrative direction, policy direction).
- **Question 12:** Provide a detailed list of the statutes, rules, policies, procedures and/or guidelines required to perform the duties of the position.
- **Question 13:** Provide a detailed list of the type of contacts made while performing the duties of the position and the purpose of each contact. Include the department, agency, bureau, office, division, section, company, industry, etc. and class or title of each contact.
- **Question 14:** Describe any unusual physical demands or working conditions required of the position incumbent, e.g., frequent lifting or moving of office furniture, frequent exposure to hazardous materials, etc.
- **Question 15:** Provide any additional information about the position that may further clarify the reason for the requested class that has not been previously mentioned.

REQUIRED ATTACHMENTS

Attach the following documents to the hard copy NPD-19 submittal:

- Current and proposed organizational chart (no color). The organizational chart should be legible when printed and include the following information: name of incumbents; class titles; budget account number(s); budget account number change, if applicable; position control number(s); position control number change, if applicable; complete reporting structure, etc.; the current position requesting reclassification, or the new position, should be circled.
- Legislation, board/commission minutes, new organization plan, audit findings, etc., if applicable.
- Copy of work performance standards signed by the incumbent when hired for the position or the last incumbent of a vacant position, if applicable.
- Incumbent's updated NVAPPS profile/application containing current information, if applicable.

The information provided will be used to determine where the position aligns within the existing compensation and classification plan. Detailed information is critical in making a proper classification decision. An interview may be scheduled with the incumbent and/or supervisor if clarification of any information is required. If a reclassification is denied without an interview with the incumbent or supervisor of a vacant position, an interview may be requested.

FISCAL MANAGEMENT AND STAFF SERVICES, INFORMATION TECHNOLOGY (IT) SUBGROUP CLASSIFICATION

Upon receipt of a request to classify a position within the Fiscal Management and Staff Services, Information Technology (IT) subgroup, DHRM will arrange for the NPD-19 to be reviewed by the IT Sub-committee NPD-19 Review. A DHRM analyst will contact the requesting agency and/or incumbent to schedule a presentation before the sub-committee to justify the requested classification. The sub-committee will recommendation an appropriate class to the DHRM analysts. The DHRM analyst will submit the final class recommendation to the administrator of Enterprise IT Services (EITS), if the requesting agency is not exempt from the use of EITS equipment or services. Agencies exempt from this requirement are provided in Nevada Revised Statutes (NRS) 242.131(2).

APPEALS

Pursuant to NAC 284.152, classification decisions may be appealed to the administrator of DHRM within 30 days after receipt of the classification determination. **Note:** The legislative review process is intended for budgetary purposes only. The decisions made by DHRM during the legislative review process may not be appealed and are subject to change.

STATE OF NEVADA POSITION QUESTIONNAIRE

- New Position
- Short Form
- Reclassify Vacant Position
- Reclassify Filled Position
- Legislative Review FY ____ / ____

POSITION INFORMATION					
DEPARTMENT/AGENCY/DIVISION/SECTION:				DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp	
POSITION'S PHYSICAL ADDRESS:					
AGENCY ID# <small>(3 digits):</small>	FUND# <small>(3 digits):</small>	AGENCY ORG/BUDGET# <small>(4 digits):</small>	POSITION CONTROL#:		
CURRENT CLASS TITLE :			CLASS CODE:	GRADE:	
REQUESTED CLASS TITLE:			CLASS CODE:	GRADE:	
INCUMBENT NAME:			PHONE#:		EMAIL:
SUPERVISOR NAME AND TITLE:			PHONE#:		EMAIL:
APPOINTING AUTHORITY OR DESIGNEE NAME AND TITLE:			PHONE#:		EMAIL:
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION					
<small>AGENCY PERSONNEL OFFICE date stamp</small>	<p>I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge.</p> <p><i>Short Form Use Only:</i> I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the attached class specification and the requested class is listed on the NPD-19 Short Form Class List.</p>				
Position Duties or Changed Duties were/will be Effective:				Date:	
Appointing Authority or Designee Signature:				Date:	
Incumbent Signature:				Date:	
Is this request being submitted with agency: knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No					
FOR COMPLETION BY BUDGET DIVISION ONLY					
<small>BUDGET DIVISION date stamp</small>	Required for new positions and when NAC 284.126(4) applies.				
<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM				Date:	
<input type="checkbox"/> Approved - Date to be Determined and Change Approved by DHRM					
<input type="checkbox"/> Disapproved			<input type="checkbox"/> Part-time (%):		Expiration Date:
Budget Representative Name:					
Budget Representative Signature:				Date:	
Note:					
FOR COMPLETION BY EITS ONLY					
<small>EITS date stamp</small>	Required when NRS 284.172 applies. <input type="checkbox"/> Reviewed				
EITS Administrator Name:					
EITS Administrator Signature:				Date:	
FOR COMPLETION BY DHRM ONLY					
<u>INSTRUCTIONS TO APPOINTING AUTHORITY</u> Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No		IFC/Legislative approval required? <input type="checkbox"/> Yes Date Approved: <input type="checkbox"/> No			Study#:
<input type="checkbox"/> Use Hiring Process <input type="checkbox"/> Preliminary Approval Pending FY ____ / ____ Budget approval and no changes to the duties <input type="checkbox"/> Other:		Agency ID#:		Agency Org/Budget#:	Effective Date:
		Class Code:	Class Option:	Grade:	Expiration Date:
Class Title:					
Analyst Signature:				Date:	
Supervisor Signature:				Date:	

1. Briefly state what is prompting this request?
2. What position(s), if any, previously performed the new duties?
3. Are there positions to which the agency would like the duties of this position compared?
 None
4. Briefly describe the major purpose of this position.
5. List the duties performed by this position. ***Put an asterisk (*) next to each new duty or new function within a duty. Note: Additional duties can be added by placing the curser in the desired row and right clicking. Next select "Insert", then either "Insert Rows Above" or "Insert Rows Below".***

DUTY NUMBER	DUTY	% of TIME SPENT PERFORMING DUTY

Total 100%

6. Provide examples of the duties performed by this position requiring the incumbent to make choices, determinations or judgments.
- 7a. Does this position function as a lead worker?
 Yes No
- 7b. If yes, describe the responsibilities exercised.
- 8a. List the class title(s) and position control number(s) of all employees that are supervised by this position.
Direct Supervision:
Indirect Supervision:
Oversight of Others:
- 8b. Describe the extent of lead worker/supervisory responsibility exercised.

Check applicable boxes:

- | | | |
|--|---|---|
| <input type="checkbox"/> Performance Appraisal | <input type="checkbox"/> Work Performance Standards | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Work Assignment | <input type="checkbox"/> Work Review | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Final Selection | <input type="checkbox"/> Training | <input type="checkbox"/> Other (Specify): |

9. List any licenses, certificates, degrees or credentials that are required by law for this position.
10. List equipment this position is required to use that requires specialized training.
- 11a. List the name, title and position control number of this position's supervisor.
- 11b. Describe the type and extent of supervision this position receives.
12. List the statutes, rules, procedures or guidelines used in performing the duties of this position?
13. Describe the type of individuals contacted and purpose of the contact made while carrying out the duties of this position?
14. Describe any unusual physical demands or working conditions required to perform the duties of this position.
15. Provide additional information about this position.