

# STATE OF NEVADA - POSITION QUESTIONNAIRE (NPD-19) INSTRUCTIONS PAGE

(NOTE: To be completed for new positions and reclassification requests)

**This form is to be submitted for CLASSIFIED positions only. Do not submit for unclassified positions, those on contract, or members of boards or commissions.**

The classification process should be utilized when a new job is established or when an existing job 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 (see NAC 284.126).

The purpose of the classification process is to ensure that jobs which are assigned like duties and responsibilities are placed in the same class. The process for reviewing a position involves the analysis of job factors that are required of the individual in order to perform in a particular position. The factors utilized in reviewing positions are: the nature and complexity of work performed; knowledge, skills, and abilities required; supervisory/managerial responsibility; independence/supervision received; scope of responsibility/consequence of error; authority to take action/decision-making; and personal contacts necessary to complete work.

As a standard rule, the classification methodology is an examination of the above criteria. Personal ability, performance, dedication, and longevity are personal characteristics and are not valid factors to be considered in the objective analysis utilized in classification. Likewise, workload and the volume of work performed are not considered.

## APPOINTING AUTHORITY OR DESIGNATED REPRESENTATIVE INSTRUCTIONS

Please answer questions 1 through 14 and sign in the appropriate area on the cover sheet. The information provided for questions 1 and 2 should cover the following matters: significant changes in duties and responsibilities which have been made in the position since it was established or last reviewed by the Division of Human Resource Management; an indication of why those changes were made in the position; and an explanation regarding the impact these additional duties and responsibilities may have on other positions in the organization in terms of removing duties and responsibilities from those positions.

Per NAC 284.126, an employee may submit a classification request that does not have agency support or approval.

If an agency that is required to use the equipment or services of the Enterprise IT Services proposes the establishment of a new position or the reclassification of an existing position to a class in the Information Technology field, as identified in the Classification and Compensation Plan, the Division of Human Resource Management will submit the request to the Administrator of the Division of IT Services for approval. Agencies exempt from this requirement are provided for in NRS 242.131(2). If approved, the Division of Human Resource Management will then determine the appropriate classification for the position.

## EMPLOYEE INSTRUCTIONS

This form will be used as a guide for you to describe the duties and responsibilities of your present position. The information you provide will be used to determine where the position aligns within the existing classification system. Clear and concise information must be obtained for each duty listed. Organize your duties so similar job functions are grouped together. The duties should be listed in logical sequence, that is, most complex to least complex or most time consuming to least time consuming. Detailed and exact information is critical in making a proper classification decision. Please work with the appointing authority or designated representative to answer questions 1 through 14. Please sign in the appropriate area on the cover sheet to indicate your agreement with the information provided.

If a reclassification request is being submitted without agency approval, check the box indicating “no” in response to the question “Is this request being submitted with agency approval or knowledge?” Please sign in the appropriate area on the cover sheet and answer questions 1 through 14 as they relate to your position. If space is not sufficient, you may add additional pages.

An interview may be scheduled with the employee and/or supervisor if clarification of any information is required. If the reclassification is denied without an interview, the employee may request and receive an interview.

## APPEALS

Classification decisions may be appealed to the Administrator of the Division of Human Resource Management within 20 working days after receipt of the classification determination (see NAC 284.152).

# STATE OF NEVADA - POSITION QUESTIONNAIRE (NPD-19)

- New Position
- Vacant Position
- Filled Position

DEPARTMENT:		2. Division of Human Resource Management date stamp	
DIVISION:			
GEOGRAPHIC LOCATION OF POSITION:			
AGENCY ID# (3 digits):	FUND# (3 digits):		
AGENCY ORG/BUDGET# (4 digits):	POSITION CONTROL#:		
CURRENT CLASS TITLE <i>(If vacant or filled position):</i>		CLASS CODE:	GRADE:
REQUESTED CLASS TITLE:		CLASS CODE:	GRADE:
EMPLOYEE NAME:	PHONE#:	EMAIL:	
SUPERVISOR NAME:	PHONE#:	EMAIL:	

1. APPOINTING AUTHORITY/EMPLOYEE CERTIFICATION	
AGENCY PERSONNEL OFFICE date stamp	CERTIFICATION: I certify that I have read the instructions page and the statements provided in this NPD-19 are correct and complete. Changed responsibilities were/will be effected on: _____ Date: _____ Appointing Authority or Designated Representative signature: _____ Date: _____ Employee signature: _____ Date: _____ Is this request being submitted with agency approval or knowledge? <input type="checkbox"/> No <input type="checkbox"/> Yes

3a. FOR COMPLETION BY BUDGET DIVISION ONLY	
BUDGET DIVISION date stamp	Required for new positions and when NAC 284.126 (3) applies. <input type="checkbox"/> Approved effective date (if change is approved by DHRM) _____ Date: _____ <input type="checkbox"/> Approved – date to be determined and change to be approved by DHRM <input type="checkbox"/> Disapproved Part-time (%): _____ Expire date: _____ Signature: _____ Date: _____ Notes:

3b. FOR COMPLETION BY ENTERPRISE IT SERVICES ONLY	
EITS date stamp	Required when NRS 284.172 applies for positions to be classified to or changing classification within the Fiscal Management & Staff Services: Information Technology subgroup. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Signature: _____ Date: _____

4. FOR COMPLETION BY DIVISION OF HUMAN RESOURCE MANAGEMENT ONLY		
Dept code:	Effective date:	Expire date:
Division code:		
Class code:	Title:	Grade:
Class option:	IFC/Legislative approval required? <input type="checkbox"/> No <input type="checkbox"/> Yes, date approved: _____	

INSTRUCTIONS TO APPOINTING AUTHORITY	
Incumbent meets MQ's: <input type="checkbox"/> No <input type="checkbox"/> Yes	Study#:
<input type="checkbox"/> Other:	Analyst: _____ Date: _____
	Supervisor: _____ Date: _____

1. **What is prompting this request? If this is an existing position, state the significant changes (as defined in NAC 284.126) in duties and responsibilities which have been made in the position since it was established or last reviewed by Human Resource Management. If this is a new position, have there been additional responsibilities placed on the organization? If yes, please explain. Attach documentation relative to legislation, board/commission proceedings, new organizational goals, etc., if applicable.**
  
  
  
  
  
  
  
  
  
  
2. **What position(s), if any, previously performed these new or additional duties? List class title and position control number of position(s). (A separate NPD-19 may be required for these positions.)**
  
  
  
  
  
  
  
  
  
  
3. **Briefly describe the major purpose of this job.**
  
  
  
  
  
  
  
  
  
  
4. **Attach a copy of the agency organizational chart to this form. Please circle this position.**

5. List the duties performed in this job. Assign a number to each duty and estimate the percentage of time spent on each duty (percentages should add to 100%). If it is not possible to estimate the percentage of time spent in each area daily, estimate the time on a weekly, monthly, or annual basis. If this is an existing position, please put an asterisk (\*) next to each duty that is new.

DUTY#	DUTY	FREQUENCY
1		%
2		%
3		%
4		%
5		%

**6. What duties are performed that require the incumbent to make choices, determinations, or judgments? Please give examples.**

**7a. List the class titles and position control numbers of all employees that are supervised by this position.**

**7b. Describe the extent of supervisory responsibility exercised over these employees.  
(Check appropriate boxes.)**

Final selection       Work assignment       Performance appraisal       Discipline  
 Training       Work review       Other (specify):

**8. List any licenses, certificates, degrees, or credentials that are required by law for this job.**

**9. List equipment which is used that requires specialized training.**

**10a. List the name, title, and position control number of the position's supervisor.**

**10b. Describe the type and extent of supervision received.**

**11. What statutes, laws, rules, procedures, or guidelines are used in performing assignments?**

- 12. What people are contacted in carrying out the duties of this position? Explain the purpose of each contact.**
  
  
  
  
  
  
  
  
  
  
- 13. Describe any unusual physical demands or working conditions required in this job, i.e., requires frequent lifting or moving of office furniture, frequent exposure to hazardous materials, etc.**
  
  
  
  
  
  
  
  
  
  
- 14. Provide any additional information about the job which you consider to be important to the classification, but which has not been previously mentioned.**