

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

New 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#:		
REQUESTED CLASS TITLE:		CLASS CODE:	GRADE:

1. APPOINTING AUTHORITY/EMPLOYEE CERTIFICATION		
AGENCY PERSONNEL OFFICE date stamp	CERTIFICATION: I 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 (class specification and organizational chart must be attached). I further certify the information provided in this document is accurate and complete.	
	<table border="1"> <tr> <td>Appointing Authority or Designated Representative signature:</td> <td>Date:</td> </tr> </table>	Appointing Authority or Designated Representative signature:
Appointing Authority or Designated Representative signature:	Date:	

3. FOR COMPLETION BY BUDGET DIVISION ONLY							
BUDGET DIVISION date stamp	Required for new positions and when NAC 284.126 (3) applies.						
	<table border="1"> <tr> <td><input type="checkbox"/> Approved effective date</td> <td>Date:</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Approved – date to be determined by Division of Human Resource Management</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Disapproved</td> </tr> </table>	<input type="checkbox"/> Approved effective date	Date:	<input type="checkbox"/> Approved – date to be determined by Division of Human Resource Management		<input type="checkbox"/> Disapproved	
	<input type="checkbox"/> Approved effective date	Date:					
	<input type="checkbox"/> Approved – date to be determined by Division of Human Resource Management						
	<input type="checkbox"/> Disapproved						
	Part-time (%):	Expire date:					
Signature:	Date:						
Notes:							

4. FOR COMPLETION BY DIVISION OF HUMAN RESOURCE MANAGEMENT ONLY			
Dept code:	Effective date:	Expire date:	
Division code:			
Class code:	Title:	Grade:	
Class option:			

INSTRUCTIONS TO APPOINTING AUTHORITY		
<input type="checkbox"/> Other:	Study#:	
	Analyst:	Date:
	Supervisor:	Date: