STATE OF NEVADA DIVISION OF HUMAN RESOURCE MANAGEMENT REQUEST TO ACCELERATE SALARY

(Adjustment of Steps Within Same Pay Grade - NAC 284.204)

1. Agency ID #:	2. Budget #:	3. Dept.	:	Division:
4. Applicant / Employee Name: Geographic Location of Position:				
5. Class Title:		6. Class	Code:	Position Control #
7. Grade: 8. *Proposed Step:		9. *Proposed Effective Date:		
10. BASIS OF REQUEST: (Please check only one shaded box. Please see NAC 284.204 for qualifying conditions.) Meet difficult recruitment problem:				
Recruitment produced less than 5 eligible persons who are available.				
 Copy of certified list <u>must</u> accompany request (if applicable) 				
Recruitment deemed historically difficult. Please attach documentation/history and a copy of the coded list.				
Hire person with superior qualifications.				
Copy of certified list <u>must</u> accompany request				
Applicant comparison <u>must</u> accompany request Form NPD-04B, along with the cover memo to DHRM Administrator				
Maintain an equitable relationship between employees for reasons other than seniority.				
 List of the employees being compared <u>must</u> accompany request Form NPD-04A, along with the cover memo to Governor's Office 				
11. JUSTIFICATION: Please attach separately (Required for approval. Be specific) *Please note: Any request for an adjustment of steps must be pre-approved prior to making a firm job offer at an accelerated rate. Position cannot be filled prior to receipt of approval.				
12. APPOINTING AUTHORITY CERTIFICATION: I Certify That I Have:		13. FOR COMPLETION BY DIVISION OF HUMAN RESOURCE MANAGEMENT		
Considered the salary requirements and qualifications of all			APPROVED -	Effective Date
 eligible persons. Ensured that the adjustment is financially feasible over the current biennium. 			DISAPPROVE	ED
Maintained accurate records on this request. AGENCY FISCAL OFFICER DATE		Per NA	C 284.204, Sub	section
		·		
		Request	t no.	
AGENCY ADMINISTRATOR OR DESIGNEE DATE				
AGENCY PERSONNEL OFFICER DATE		SIGNAT	URE	DATE
14. FOR COMPLETION BY THE GOVERNOR'S FINANCE OFFICE I Certify That I Have: Ensured that the adjustment is financially feasible through the current biennium.		15. FOR COMPLETION BY GOVERNOR'S OFFICE (If applicable) Note: All equity adjustment requests must have Governor's Office Approval.		
			APPROVED	
BUDGET ANALYST	DATE		DISAPPROVE	ED
GOVERNOR'S FINANCE OFFI	CE DATE	SIGNAT	URE	DATE

REQUEST TO ACCELERATE SALARY DIRECTIONS

NUMBERS 1-9: Enter all requested information.

*Please note: Any request for an adjustment of steps must be <u>pre-approved prior</u> to making a firm job offer at an accelerated rate. Position cannot be filled prior to receipt of approval.

NUMBER 10: Check the appropriate box(es). Ensure all required attachments are complete and attached to NPD-04 form as identified. (NPD-04A or NPD-04B and cover memos.)

NUMBER 11: Attach detailed justification to support your request.

NUMBER 12: The agency will acquire the signature approval from the Agency Fiscal Officer, the Agency Administrator (or designee), then forwards the Request to the Agency Personnel Officer. After the Agency Personnel Officer reviews and signs the Request it will be fowarded to the Division of Human Resource Management (DHRM), Compensation Division.

NUMBER 13: If the DHRM approves the Request will be forwarded to the Governor's Finance Office. If the Request is not approved, it will be returned to the Agency Personnel Officer.

NUMBER 14: Once reviewed and approved by both the Agency Budget Analyst and the Governor's Finance Office the Request will be returned to the Agency Personnel Officer, or if applicable forward to the Governor's office for final review.

NUMBER 15: If the Request is to "Maintain an equitable relationship between employees for reasons other than seniority" final approval is required from the Governor's office. Upon approval/disapproval the Request will be sent to DHRM, Compensation Division and then forwarded to the Agency Personnel Officer.