STATE OF NEVADA DIVISION OF HUMAN RESOURCE MANAGEMENT REQUEST FOR TEMPORARY ADJUSTMENT TO SALARY

(*Special Adjustment Equivalent to One Grade - NAC 284.206)

AGENCY:	HOME ORG:	DIVISION:		NEW REQUEST:□ EXT:□
EMPLOYEE NAME:				PHONE NO:
POSITION CONT	TROL NO:	GEOGRAPHIC LOCA	ATION OF POSITION:_	
CLASS CODE: _	CLASS TITLE:			GRADE:
BASIS OF REQU	JEST: (Read NAC 284.206 for	qualifying conditions. Attach e	xplanation.)	
Employee is w grade. * (PSACW)	orking out of class on a continu	ing basis and performs essentia	ally all the duties and resp	ponsibilities of a position classified at a higher CN (must be at a higher grade):
	quired to use bilingual skills or Date duties assumed:			work time. (PSACB)
☐ Employee is su		ne same or higher grade if the s	upervision is not provide	ed for in the class specification. (PSACA)
	☐ Selection ☐ Work Assign	ment □Training □Perform	ance Appraisal Work	Review Discipline
☐ Employee is re	quired regularly to perform cus	todial work and clean up huma	n bodily waste in a medic	cal, clinical or inpatient facility. (PSACC)
	ducts a formal training program Date duties assumed:		nal class series. (PSACT)	
•	Adjustment ends when the training	ng program is completed.		
	ent officer assigned to motorcyc Date duties assumed:			
1. Securing 2. Account 3. Account	ployee is responsible for the sup arity procedures, including, with g the work area from inmates wh ting for all inmates who have be ting for all materials, tools and of Date duties assumed:	nout limitation: (PSACP) no are not authorized to enter the assigned to the work area; a equipment in the work area.	he work area; and	of an institution and who is responsible for
Other: Employ	ee is authorized by the Legislati	are to receive such an adjustme	ent.	
•	Date duties assumed:	nvestigations (PSACR) □Out-		CV
meet the minimum	-	e duties have been recognized	-	n process as being at a higher level, but who does not
		ase $\Box 5$ percent = 2 grade incr		
	ljustment to salary for working	out of class does not constitut	te a promotion.	
	ormation provided in this docum			ve the adjustment removed when it expires per itions justifying it cease to exist.
Signature of Ap	pointing Authority or Designate	d Representative *Signature	e of Employee	Date
Agency Personn	el Officer	Date		
	required only if submitted without appo to accuracy of information; if approved,			verify the information with the appointing authority.) Employee strengt upon expiration.
FOR COMPLET	ION BY DIVISION OF HUMAN	RESOURCE MANAGEMENT		
\Box APPROVED		tive: NAC 284,206 Subsection:		OR
□DISAPPROVEI		/ No:		☐ When Justifying Conditions Cease to Exist (whichever is sooner)
Signature:				Date:
Comments:				
NPD-5	APPROVED NPD-5'S AND SU	UPPORTING DOCUMENTS MU	ST BE ATTACHED TO RI	ECORDS FORM (ESMT-A) 1/2024