	State of Nevada Department of	of Administration, DHRM, Central Records - Sign	ature Authoriz	zation Form	
Home Org					
Agency Name			Eff	fective Date	
	Name (Typed or Printed)	Signature	Month/Year of Last DHRM	ESMT Auth. Signature	ESMT Preparer Only
			Records Course	A B	A B
Appointing Authority:					
	Name (Typed or Printed)	Title		Signature	
NAC 284.504	4 requires employees wno prepare records forms to attend D	DHRM training within six months of appointment. Continued certification is required bie	nnially at a DHRM record	as procedure class.	CRSA 7/2012