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| STATE OF NEVADARESPONSE TO REQUEST FOR REVIEW OF REPORT ON PERFORMANCE | | | | | | | | | | | | | | | | | | |
| **Employee Last Name:** | | | |  | | | | | **First Name:** | |  | | | | | | **Initial:** |  |
| **Class Title:** |  | | | | | | | | | | | **Employee ID #:** |  | | | | | |
| **Dept/Div/Section:** | |  | | | | | | | | | | **Date Review Requested:** | | |  | | | |
| **Agency #** (3 digits)**:** | | |  | | | **Home Org #** (4 digits)**:** |  | **Position Control #:** | |  | | **Date Response Due:** | |  | | | | |
| **NAC 284.097  “Reviewing officer” defined.** (NRS 284.065, 284.335, 284.340) “Reviewing officer” means: 1. The supervisor of the person who prepared a report on performance of an employee; or 2. Such other person designated by the appointing authority, who reviews the report on performance upon the request of the employee pursuant to paragraph (b) of subsection 9 of NAC 284.470. | | | | | | | | | | | | | | | | | | |
| **The following response is provided based on employee’s request for review, and points of disagreement. (Additional pages may be attached if needed).** | | | | | | | | | | | | | | | | | | |
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| **Reviewer’s Title & Signature:** | | | | |  | | | | | | | | | **Date:** | |  | | |

**Distribution: Attach original to HR-15; Copy to Employee; Copy to Original Rater** HR-15R Established 8/2019

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| **NAC 284.470 9(b): “…**The appointing authority shall review the recommendation of the reviewing officer regarding the contested report on performance and render a final decision to the employee within 10 working days after receiving the recommendation.” | | | | | |
| **Decision of Appointing Authority.** | | | | | |
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| **Appointing Authority’s Signature & Title:** | |  | **Date:** |  | |
| **Received by/Employee’s Signature:** |  | | **Date:** | |  |

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