



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Division of Human Resource Management
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MEMO PERD #31/12

July 27, 2012

TO: Agency Personnel Representatives
Agency Personnel Liaisons

FROM: Lee-Ann Easton, Administrator *Lee-Ann Easton*
Division of Human Resource Management

SUBJECT: Employee Signature on ESMT-A Forms

The Division of Human Resource Management's (DHRM) Central Records and Agency HR Services Sections recently reviewed the process for making changes to employees' ESMT-A forms. After this review, it was determined an employee signature will no longer be required on an ESMT-A form when the change only impacts the Agency, Home Org, Work Location, Work Phone Number, or Employee Roll Assignment fields. This policy change applies to those instances where there is only a change to these fields and no other action. If these areas are being changed along with another action on the form, an employee signature will still be required. To help clarify when a signature is required, attached is an ESMT-A form with fields highlighted in yellow indicating when a signature must be obtained. Please keep in mind, a Personnel Action and Reason code can also determine if the employee needs to sign the ESMT-A form depending on the scenario for the action.

This procedure change will be effective starting with transactions effective August 6, 2012 (Pay Period 05) and later. DHRM hopes this change will alleviate some of the past frustrations agencies and employees experienced when performing ESMT-A changes that were only administrative in nature.

If you have any questions or concerns, please feel free to contact Cynthia Willden, Central Records Manager at cwillden@admin.nv.gov or 775-687-9088.

Thank you

STATE OF NEVADA - EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

SOCIAL SECURITY NUMBER		EMPLOYEE ID		
NAME/FIRST		MIDDLE		LAST
SUFFIX				
APPT ID	EFFECTIVE DATE	EXPIRATION DATE		
	/ /	/ /		
PERSONNEL ACTION	REASON	EMP STATUS	REMARKS	RECORDS DATE REC'D
1.			POSITION STATUS	
2.				
3.				
ASSIGNMENT INFORMATION		EEO FULL-TIME	TABLE DRIVEN PAY	
AGENCY	HOME ORG	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	POSITION # % FULL TIME _____ . ____	<input type="radio"/> YES <input type="radio"/> NO
			GRADE	STEP
			RATE OF PAY - BIWEEKLY \$	

A.2 Dates

PROBATION/TRIAL START	PROBATION/TRIAL END	PAY PROGRESSION START	CONTINUOUS SERVICE DATE	LEAVE PROGRESSION START	LIST #
/ /	/ /	/ /	/ /	/ /	

A.3 Assignment Attributes - Position Attributes

PAYROLL NUMBER	TITLE	SUB TITLE	PAY CLASS	TITLE DESCRIPTION

OVERRIDES
PAY POLICY
LEAVE POLICY
BENEFIT/DEDUCTION POLICY
OVERTIME PROFILE

A.4 Pay Parameters

PAY TYPE	A/P IND	AMOUNT	PERCENT	EFFECTIVE DATE	EXPIRATION DATE
		. ____	. ____	/ /	/ /
		. ____	. ____	/ /	/ /
		. ____	. ____	/ /	/ /
		. ____	. ____	/ /	/ /
		. ____	. ____	/ /	/ /

B. AGYD (Agency Specific Data)

PAY LOCATION	WORK LOCATION	WORK LOCATION PHONE 1	EXTENSION	WORK LOCATION PHONE 2	EXTENSION	WORK CYCLE
		() -		() -		

Check Distribution:

- HOME
- PAY LOCATION

C. PENS (Pension Profile)

Employer Portion				Employee Portion			
PENSION SYSTEM	DEDUCTION TYPE	DEDUCTION PLAN	EFFECTIVE DATE	PENSION SYSTEM	DEDUCTION TYPE	DEDUCTION PLAN	EFFECTIVE DATE
PERS			/ /	PERS			/ /

D. TAX (Employee Tax Parameters)

EFFECTIVE DATE	FICA CLASS
/ /	

E. EMPD (Employee Duty Location)

DUTY LOCATION

F. EMRA (Employee Roll Assignment)

MANAGER	SUPERVISOR
<input type="radio"/> ACTIVE <input type="radio"/> INACTIVE <input type="radio"/> N/A	<input type="radio"/> ACTIVE <input type="radio"/> INACTIVE <input type="radio"/> N/A

CERTIFICATION and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature _____ Date _____

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1.

CERTIFICATION OF THE APPOINTING AUTHORITY THE DATA STATED HEREIN IS CORRECT AND COMPLETE AND IN ACCORDANCE WITH STATE LAW AND REGULATIONS	CERTIFIED BY DEPARTMENT / AGENCY PERSONNEL REP _____ Signature	DATE RECORDS ENTERED OR APPROVED _____ CERTIFIED BY STATE PERSONNEL DEPARTMENT
Authorized Signature	Date Phone No.	Date Signature