



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Division of Human Resource Management
100 N. Stewart Street, Suite 200 | Carson City, Nevada 89701
Phone: (775) 684-0150 | <http://dop.nv.gov>

MEMO PERD #41/12

September 14, 2012

TO: Department Directors
Division Administrators
Agency Personnel Liaisons
Agency Personnel Representatives

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

SUBJECT: Revised Forms and Publication

The Division of Human Resource Management has revised the Resignation from State Service (NPD-45) form based on requests from agency personnel representatives to allow employees to notify agencies of transfers within State Service. Additionally, the name of the form has been changed to Resignation from State Service or Notice of Transfer to Another Agency to reflect this change. Please note that the provision allowing employees to revoke a resignation within three days of giving notice does not apply to transfer notifications. While this form is not mandatory, it should be used for all terminations and transfers. For that reason, it is recommended that supervisors have this form on hand.

This form may be found on our website or by clicking on the link:
<http://dop.nv.gov/Forms/AHRS/NPD-45SFS.pdf>

If you have any questions, you may contact Carrie Hughes at cphughes@admin.nv.gov or (775) 684-0111.

LE:cph/tp

Attachments

**STATE OF NEVADA
RESIGNATION FROM STATE SERVICE
OR NOTICE OF TRANSFER TO ANOTHER AGENCY**

NAME: _____

EMPLOYEE ID#: _____

AGENCY: _____

HOME ORG: _____

Effective _____ at _____ a.m. or p.m. (circle one) I will be:
(Last Work Day) (Hour)

☐ Transferring from _____ to _____
(Department/Division) (Department/Division)

New Position Title: _____

NOTE: If you are transferring to LCB or NSHE you will be considered a Transfer even though your ESMT-A will indicate a Termination code. This is due to switching over from the Central Payroll system to either the LCB or NSHE payroll system.

If you are transferring from a classified position to an unclassified position you will no longer have rights as a classified employee and will not have rights back to your classified position. _____
Initials

☐ Resigning/Terminating from State Service for the reason of: _____
_____. My mailing address

is/will be: _____
(street address/P.O. Box, city, state, zip)

Employee's Signature _____ Date _____

Acceptance of Transfer or Resignation _____
(Signature of Appointing Authority or Their Designee)

(Printed Name of Appointing Authority or Their Designee)

Date and Time _____

RESIGNATION INFORMATION ONLY

You are hereby advised that in accordance with NRS 284.381 once your written resignation from State Service is accepted by your appointing authority, you may not revoke the resignation regardless of the effective date set forth if three or more working days have elapsed since its acceptance unless your appointing authority approves the revocation.

This document will not terminate employment. An ESMT-A must be completed and submitted to the Division of Human Resource Management, Central Records by your agency's human resource office.