



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
DIVISION OF HUMAN RESOURCE MANAGEMENT**



**AGENCY ANNUAL (FISCAL YEAR) ACKNOWLEDGEMENT OF
REQUIREMENTS OF NRS 281.661 (WHISTLEBLOWER RETALIATION
PROVISIONS)**

Agency Information

Department/Agency: _____

Agency # (3-digit, e.g., 070): _____ Home Org. # (4-digit, e.g., 1363): _____

Fiscal Year: _____

[NRS 281.661](#) requires that the Division of Human Resource Management (DHRM) of the Department of Administration obtain written confirmation that each state officer and employee, not later than 30 days after commencing employment and annually thereafter, received a written summary or viewed a video recording that explains the provisions of [NRS 281.611 to 281.671](#). These provisions encourage a state officer or employee to disclose, to the extent not expressly prohibited by law, improper governmental action, and protect the rights of those state officers or employees who make such disclosures.

A written summary of these provisions is included in the [Whistleblower Protections – What, When, & How publication](#), which is available on DHRM’s website, and a brief course titled *Whistleblower Protections – What, When, & How?* is available in [NVeLearn](#).

By signing this form, I acknowledge on behalf of my agency that all state officers and employees assigned to the agency received the written summary or completed the online course within the first 30 days of commencing employment. I further acknowledge that all state officers and employees assigned to the agency are in compliance with the annual requirement.

Agency Appointing Authority or Designated Representative

Signature: _____ Date: _____

Print Name: _____ Print Title: _____

Email acknowledgement form to: consultationar@admin.nv.gov
