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| Nevada State Seal. | **STATE OF NEVADA****POSITION QUESTIONNAIRE** | A picture containing text, clipart  Description automatically generated |

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| **Initiated By** | DHRM (date stamp) | **Type of Classification Request** |
| [ ]  **Department/Division**  | [ ]  **New Position** |
| [ ]  **Incumbent** | [ ]  **New Position - Short Form** |
|  | [ ]  **Reclassify Filled Position** |
| **Type of Budget Request** | [ ]  **Reclassify Vacant Position** |
| [ ]  **Interim**  |  | [ ]  **Legislative Review FY    /** |
| [ ]  **Budget Build Decision Unit** |  |  |
| **Position Information** |
| **DEPARTMENT / DIVISION / SECTION / UNIT**       |
| **DEPT #** (3 digits)       | **DIVISION #** (4 digits)       | **BUDGET # (**4 digits)       | **POSITION CONTROL (PCN) #**      | **# OF POSITIONS**      |
| **CURRENT JOB TITLE**       | **JOB CODE**       | **GRADE**       |
| **REQUESTED JOB TITLE**       | **JOB CODE**       | **GRADE**       |
| **INCUMBENT NAME**       | **EMAIL**       | **PHONE#**       |
| **SUPERVISOR NAME AND TITLE**       | **EMAIL**       | **PHONE#**       |
| **APPOINTING AUTHORITY OR DESIGNEE NAME and Title**       | **EMAIL**       | **PHONE#**       |
| **HUMAN RESOURCE REPRESENTATIVE NAME and Title**       | **EMAIL**       | **PHONE#**       |
| **APPOINTING AUTHORITY/INCUMBENT CERTIFICATION** |
| DEPARTMENTHUMAN RESOURCE OFFICE (date stamp) | I certify that I have read the HR-19 policy and that the statements provided in this HR‑19 and the attached organizational charts are accurate and complete to the best of my knowledge. |
| ***Short Form Use Only:*** I further certify that the requested position(s) will perform essentially all of the duties and responsibilities described in the proposed job title and the requested job title is listed on the HR-19 Short Form Classifications list. |
| Position Duties or Changed Duties were/will be Effective | Date:       |
| Appointing Authority or Designee Signature | Date:       |
| Incumbent Signature | Date:       |
| Is request being submitted with Dept/Div | knowledge? [ ]  **Yes** [ ]  **No** approval?[ ]  **Yes** [ ]  **No** |
| **FOR COMPLETION BY BUDGET DIVISION ONLY** |
| BUDGET DIVISION(date stamp) | [ ]  **Approved - Effective Date if Change is Approved by DHRM** | Date:       |
| [ ]  **Approved - Date to be Determined and Change Approved by DHRM** |
| [ ]  **Disapproved** |
| Budget Representative Name  |
| Budget Representative Signature  | Date:       |
| Note       |
| **FOR COMPLETION BY DHRM ONLY** |
| ***INSTRUCTIONS TO APPOINTING AUTHORITY*** | IFC and/or Legislative approval required? [ ]  **Yes,** Date Approved[ ]  **No** | Study#: |
| Incumbent meets MQ’s:[ ]  **Yes** [ ]  **No** | Dept. ID# | Div. ID #  | Budget # | Effective Date |
| [ ] Use Hiring Process[ ] Preliminary Approval Pending FY \_\_\_\_/\_\_\_\_ Budget approval and no changes to the duties[ ] Other | PCN # | Job Code | Grade | Expiration Date |
| Job Title |
| Analyst Signature | Date |
| Supervisor Signature | Date |

1. **What is the major purpose of this request?**

1. **Are there positions in the department/division/section/unit with similar duties of this position to compare to?**

1. **What are the duties performed by this position?** ***Describe the duties in detail. Put an asterisk (\*) next to each new duty or new function within an existing duty.******Note:*** *Additional duties can be added by placing the curser in the desired row and right clicking. Next select “Insert”, then either “Insert Rows Above” or “Insert Rows Below”.*

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| **DUTY NUMBER** | **DUTY Statement** |
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1. **Does this position function as a lead worker? What is the job title and position control number of all positions that this position functions as a lead worker for. Describe, in detail, the extent of lead worker responsibility exercised by this position.**

[ ]  Yes [ ]  No

If yes, describe duties in detail:

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| [ ]  Work Assignment | [ ]  Work Review | [ ]  Training  | [ ]  Other (Specify):      |

**Check applicable boxes:**

1. **Does this position function as a supervisor? What is the job title and position control number of all positions that are supervised by this position? Describe, in detail, the extent of supervisory responsibilities exercised by this position.**

[ ]  Yes [ ]  No

If yes, describe duties in detail:

Direct Supervision:

Indirect Supervision:

**Check applicable boxes:**

|  |  |  |
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| [ ]  Performance Appraisal | [ ]  Work Performance Standards | [ ]  Scheduling |
| [ ]  Work Assignment | [ ]  Work Review | [ ]  Discipline |
| [ ]  Final Selection | [ ]  Training | [ ]  Other (Specify):      |

1. **What is the extent of supervision exercised over this position?**

1. **Are there any licenses, certificates, degrees, or credentials required by statute or required by the** **department/division/section/unit for this position?**

1. **Which statutes, rules, procedures, or guidelines are used in performing the duties of this position?**

1. **Is there any additional information which may support this classification request?**

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|  | **PLEASE USE THIS CHECKLIST AS A REFERENCE TO ENSURE ALL REQUIRED DOCUMENTS ARE SUBMITTED** |
| [ ]  | Read HR-19 Policy  |
| [ ]  | Checked the box indicating whether the HR-19 was initiated by the department, division or incumbent |
| [ ]  | Checked the appropriate box for Type of Classification Request |
| [ ]  | Completed Position Information section |
| [ ]  | Obtained appropriate signatures: i.e., incumbent, if applicable; appointing authority  |
| [ ]  | HR-19 form obtained from [www.hr.nv.gov](http://www.hr.nv.gov)  |
|  | **Attachments** |
| [ ]  | Salary Projection |
| [ ]  | Current Black and White Organizational Chart |
| [ ]  | Proposed Black and White Organizational Chart |
| [ ]  | Applicable Legislation, Board/Commission Minutes, New Organization Plan, etc. |
| [ ]  | Work Performance Standards |
| [ ]  | DHS Checklist (for positions located within the Department of Health Services only) |