STATE OF NEVADA
POSITION QUESTIONNAIRE

DHRM (date stamp)

Initiated By
- ☐ Department/Division
- ☐ Incumbent

Type of Budget Request
- ☐ Interim
- ☐ Budget Build Decision Unit

Type of Classification Request
- ☐ New Position
- ☐ New Position - Short Form
- ☐ Reclassify Filled Position
- ☐ Reclassify Vacant Position
- ☐ Legislative Review FY /

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

DEPARTMENT HUMAN 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?**

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

3. **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".*

DUTY NUMBER	DUTY STATEMENT

4. **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:

Check applicable boxes:

☐ Work Assignment ☐ Work Review ☐ Training ☐ Other (Specify):

5. **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:

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

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

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

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

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

STATE OF NEVADA
HR-19 CHECKLIST

	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
	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)