



STATE OF NEVADA POSITION QUESTIONNAIRE



Initiated By

- ☐ Department/Division
☐ Incumbent

DHRM (date stamp)

Type of Classification Request

- ☐ New Position
☐ New Position - Short Form
☐ Reclassify Filled Position
☐ Reclassify Vacant Position
☐ Legislative Review FY / /

Type of Budget Request

- ☐ Interim
☐ 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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR COMPLETION BY BUDGET DIVISION ONLY

BUDGET DIVISION (date stamp)	<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM	Date: / /
	<input type="checkbox"/> Approved - Date to be Determined and Change Approved by DHRM	
	<input type="checkbox"/> Disapproved	
	Budget Representative Name	
	Budget Representative Signature	Date: / /
	Note	

FOR COMPLETION BY DHRM ONLY

<u>INSTRUCTIONS TO APPOINTING AUTHORITY</u>	IFC and/or Legislative approval required? <input type="checkbox"/> Yes, Date Approved / / <input type="checkbox"/> No		Study#:	
	Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dept. ID#	Div. ID #	Budget #
<input type="checkbox"/> Use Hiring Process <input type="checkbox"/> Preliminary Approval Pending FY ____ / ____ Budget approval and no changes to the duties <input type="checkbox"/> 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:

<input type="checkbox"/> Performance Appraisal	<input type="checkbox"/> Work Performance Standards	<input type="checkbox"/> Scheduling
<input type="checkbox"/> Work Assignment	<input type="checkbox"/> Work Review	<input type="checkbox"/> Discipline
<input type="checkbox"/> Final Selection	<input type="checkbox"/> Training	<input type="checkbox"/> 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	
<input type="checkbox"/>	Read HR-19 Policy
<input type="checkbox"/>	Checked the box indicating whether the HR-19 was initiated by the department, division or incumbent
<input type="checkbox"/>	Checked the appropriate box for Type of Classification Request
<input type="checkbox"/>	Completed Position Information section
<input type="checkbox"/>	Obtained appropriate signatures: i.e., incumbent, if applicable; appointing authority
<input type="checkbox"/>	HR-19 form obtained from www.hr.nv.gov
	Attachments
<input type="checkbox"/>	Salary Projection
<input type="checkbox"/>	Current Black and White Organizational Chart
<input type="checkbox"/>	Proposed Black and White Organizational Chart
<input type="checkbox"/>	Applicable Legislation, Board/Commission Minutes, New Organization Plan, etc.
<input type="checkbox"/>	Work Performance Standards
<input type="checkbox"/>	DHS Checklist (for positions located within the Department of Health Services only)