

# STATE OF NEVADA

## POSITION QUESTIONNAIRE INSTRUCTIONS

The Division of Human Resource Management (DHRM), Nevada Position Description Document (NPD), Position Questionnaire (NPD-19) form is to be submitted for **CLASSIFIED** positions only. Do not submit for unclassified positions, contracted positions, or members of boards or commissions. The NPD-19 form can be found on the DHRM website at <https://hr.nv.gov/Resources/Forms/Classification/Classification/>.

The classification process should be utilized when a new position is established or when an existing position experiences significant change in duties and responsibilities which alters the basic mission or purpose of the position to the degree that it no longer meets the class to which it is assigned, per Nevada Administrative Code (NAC) 284.126.

Agencies may submit the first page of the NPD-19 form for a new position or multiple positions if the position(s) performs essentially all the type and level of duties and responsibilities described in the class specification and the class is listed on the "NPD-19 Short Form Class List" located on the DHRM website at <https://hr.nv.gov/Resources/Forms/Classification/Classification/>. The current organizational chart, a proposed organizational chart, and a copy of the class specification for the requested class must be attached.

Pursuant to NAC 284.130, employees of the State of Nevada in a classified position may submit a request to reclassify their position on their own initiative. Check the box(s), in the Appointing Authority/Incumbent Certification section of page one, indicating "No" in response to the questions, "Is this request being submitted with agency knowledge? or approval?" if applicable.

The purpose of the classification process is to ensure that classified positions which are assigned like duties and responsibilities are placed in the same class. The process for reviewing a position involves the analysis of position factors the incumbent is required to perform. The classification methodology utilizes seven factors in analyzing positions: 1) the nature and complexity of work performed; 2) knowledge, skills and abilities required; 3) supervisory/managerial responsibility; 4) independence/supervision received; 5) scope of responsibility/consequence of error; 6) authority to take action/decision-making; and 7) personal contacts necessary to complete work. Personal ability, performance, dedication, and longevity are personal characteristics that are not factors considered in the objective analysis utilized in the classification process. Likewise, new or advanced technology, workload and the volume of work performed are not considered in the classification analysis.

Complete the Position Information section and obtain the appropriate signatures in the Appointing Authority/Incumbent Certification section of page one of the NPD-19 form. **Note:** If the department/agency does not agree with the submitted NPD-19, the department/agency must provide a written memo detailing why the department/agency does not agree and which duties the department/agency did not authorize and/or will be removing from the position. **A hard or electronic copy of the NPD-19 should be submitted to the agency's human resource personnel OR to DHRM at the following: 209 E Musser St., Suite 101, Carson City, NV 89701 or comp.class@admin.nv.gov.**

Questions 1 through 19 of the NPD-19 form should do the following:

- **Question 1:** Indicate whether the department/agency, budget account, and/or position control number of the position(s) has changed; provide the new department/agency, budget account, and/or position control number.
- **Question 2:** *Briefly* state the significant change in duties and responsibilities which have been made to an existing position since it was established or last reviewed by DHRM; why the change was made to the position; if the change is the result of legislative changes, board/commission proceedings, new organizational goals, etc.; if additional responsibilities ascribed to the organization required a new position or additional duties added to an existing position.
- **Question 3:** Explain the impact the additional duties and/or responsibilities may have on other positions within the agency, department, bureau, office, division, section, unit, etc. Indicate whether the duties and/or responsibilities were removed from another position(s); list the classification title and position control number of the affected position(s).

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**Note:** A separate NPD-19 may be requested for the affected position(s) if duties have been **added to and/or** removed from an existing position.

- **Question 4:** Explain the impact the removal of duties and/or responsibilities will have on other positions within the department, agency, bureau, office, division, section, unit, etc. List the classification title and position control number of the position(s) that will be assigned the duties and/or responsibilities that were removed from the position(s) requesting reclassification.
- **Question 5:** Provide the incumbent(s) name and agency, budget account number(s) and/or position control number(s) of existing position(s) with similar or the same duties as the position the department would like DHRM to compare duties to, if available.
- **Question 6:** *Briefly* describe the major purpose of the position. **Note:** Detailed duty statements belong in question 7.
- **Question 7: Detail each duty/function** required of the position; provide clear and concise descriptions; organize similar duty functions together and list in a logical sequence (e.g., most complex to least complex or most time consuming to least time consuming); estimate the percentage of time spent on each duty, if it is not possible to estimate the percentage of time spent in each duty daily, estimate the time on a weekly, monthly, or annual basis; and indicate new duties or functions by an asterisk (\*) next to each new duty or new function within an existing duty. The total percentage of all duties should equal 100 percent. **Note:** Do not include work performance standards (e.g., customer service, teamwork, judgment, professionalism, etc.).
- **Question 8:** Provide examples of the duties performed by the position that require the incumbent to make choices, determinations, or judgments.
- **Question 9:** Provide information about the position(s) and/or contracted, volunteer, or student oversight exercised by the position.
- **Question 10a, 10b, and 10c:** Provide information about the position(s) (e.g., classification title, position control number, etc.) supervised by the position's incumbent and the extent of supervision exercised. Include direct and indirect subordinate staff and oversight of others that are not indicated in the hierarchy on the organizational chart.
- **Question 11:** Indicate the direct supervisor of the position as indicated on the proposed organizational chart.
- **Question 12:** Explain the extent of supervision the incumbent will receive (i.e., close supervision, general supervision, limited supervision, general direction, administrative direction, general administrative direction, policy direction).
- **Question 13:** List licenses, certificates, degrees, or credentials *required by statute* to perform the duties of the position.
- **Question 14:** List licenses, certificates, degrees, or credentials *required by the department/division/agency* to perform the duties of the position.
- **Question 15:** Provide a detailed list of the statutes, rules, policies, procedures, and/or guidelines required to perform the duties of the position.
- **Question 16:** Provide a detailed list of the type of contacts made while performing the duties of the position and the purpose of each contact. Include the department, agency, bureau, office, division, section, company, industry, etc., and class or title of each contact.

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- **Question 17:** Provide a detailed list of the equipment the incumbent will use to perform the duties of the position.
- **Question 18:** Describe any unusual physical demands or working conditions required of the position incumbent, e.g., frequent lifting or moving of office furniture, frequent exposure to hazardous materials, etc.
- **Question 19:** Provide any additional information about the position that may further clarify the reason for the requested class that has not been previously mentioned.
- **NPD-19 Checklist:** Enter the name of the individual that will place their initials certifying the applicable checklist items have been completed and/or attached to the NPD-19.

### REQUIRED ATTACHMENTS

Attach the following documents to the hard copy NPD-19 submittal:

- Current and proposed organizational charts (no color). The organizational chart should be legible when printed and include the following information: name of incumbents; class titles; budget account number(s); budget account number change, if applicable; position control number(s); position control number change, if applicable; complete reporting structure, etc.; the current position requesting reclassification, or the new position, should be circled.
- Legislation, board/commission minutes, new organization plan, audit findings, etc., if applicable.
- Copy of work performance standards signed by the incumbent when hired for the position or the last incumbent of a vacant position, if applicable.

The information provided will be used to determine where the position aligns within the existing compensation and classification plan. Detailed information is critical in making a proper classification decision. An interview may be scheduled with the incumbent and/or supervisor if clarification of any information is required. If a reclassification is denied without an interview with the incumbent or supervisor of a vacant position, an interview may be requested.

### FISCAL MANAGEMENT AND STAFF SERVICES, INFORMATION TECHNOLOGY (IT) SUBGROUP CLASSIFICATION

Upon receipt of a request to classify a position within the Fiscal Management and Staff Services, Information Technology (IT) subgroup, DHRM will arrange for the NPD-19 to be reviewed by the IT NPD-19 Review Subcommittee. A DHRM analyst will contact the requesting agency and/or incumbent to schedule a presentation before the sub-committee to justify the requested classification. The sub-committee will recommend an appropriate class to the DHRM analysts. The DHRM analyst will submit the final class recommendation to the administrator of Enterprise IT Services (EITS) if the requesting agency is not exempt from the use of EITS equipment or services. Agencies exempt from this requirement are provided in Nevada Revised Statutes (NRS) 242.131(2).

### APPEALS

Pursuant to NAC 284.152, classification decisions may be appealed to the Administrator of DHRM within 30 days after receipt of the classification determination. **Note:** The legislative review process is intended for budgetary purposes only. The decisions made by DHRM during the legislative review process may not be appealed and are subject to change.

Initiated By:

☐ Agency☐ Employee

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Type of Classification Request

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

POSITION INFORMATION				
DEPARTMENT/DIVISION/AGENCY/SECTION:		AGENCY ID# (3 digits):	BUDGET# (4 digits):	DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
SUCCESS FACTORS POSITION CONTROL# (8 digits):		AGENCY POSITION CONTROL#:		
CURRENT CLASS TITLE:	CLASS CODE:	GRADE:		
REQUESTED CLASS TITLE:	CLASS CODE:	GRADE:		
INCUMBENT NAME:		EMAIL:		PHONE#:
SUPERVISOR NAME AND TITLE:		EMAIL:		PHONE#:
APPOINTING AUTHORITY OR DESIGNEE NAME AND TITLE:		EMAIL:		PHONE#:
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION				
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge.			
	<b>Short Form Use Only:</b> I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the attached class specification and the requested class is listed on the NPD-19 Short Form Class List.			
	Position Duties or Changed Duties were/will be Effective:			Date:
	Appointing Authority or Designee Signature:			Date:
	Incumbent Signature:			Date:
	Is this request being submitted with agency: 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"/> <b>Approved - Effective Date if Change is Approved by DHRM</b>			Date:
	<input type="checkbox"/> <b>Approved - Date to be Determined and Change Approved by DHRM</b>			
	<input type="checkbox"/> <b>Disapproved</b>		<input type="checkbox"/> Part-time (%):	Expiration Date:
	Budget Representative Name:			
	Budget Representative Signature:			Date:
	Note:			
FOR COMPLETION BY EITS ONLY				
EITS date stamp	Required when NRS 284.172 applies.			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
	EITS Administrator Name:			
	EITS Administrator Signature:			Date:
	Note:			
FOR COMPLETION BY DHRM ONLY				
<b>INSTRUCTIONS TO APPOINTING AUTHORITY</b> Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No		IFC/Legislative approval required? <input type="checkbox"/> Yes, Date Approved: <input type="checkbox"/> No		Study#:
		Agency ID#:	Agency Org/Budget#:	Effective Date:
<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:		Class Code:	Class Option:	Grade:
		Class Title:		
		Analyst Signature:		
		Supervisor Signature:		
				Date:
				Date:
				Date:

1. Has the department/agency, budget account, and/or position control number of the position(s) changed since it was originally classified? If so, what was the original department/agency, budget account, and/or position control number(s)?  
☐ Yes   ☐ No
  
2. What is prompting this request?
  
3. Which position(s), if any, previously performed the new duties/function?
  
4. Have any previously assigned duties/function been removed from this position? If so, which position(s) has the duties/functions been assigned to?
  
5. Are there positions that the agency would like the duties of this position compared to?
  
6. What is the major purpose of this position?
  
7. 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	% of TIME SPENT PERFORMING DUTY

Total 100%

8. Provide examples of the duties performed by this position requiring the incumbent to make choices, determinations, or judgments? Provide examples.

9. Does this position function as a lead worker? If yes, describe the extent of lead worker responsibilities exercised?

☐ Yes ☐ No

Check applicable boxes:

☐ Work Assignment

☐ Training

☐ Other (Specify):

☐ Work Review

☐ Scheduling

10a. Does this position function as a Supervisor?

☐ Yes ☐ No

10b. What is the class title and position control number of all employees that are supervised by this position?

Direct Supervision:

Indirect Supervision:

10c. Describe, in detail, the extent of supervisory responsibilities exercised by this position.

Check applicable boxes:

☐ Performance Appraisal

☐ Work Performance Standards

☐ Scheduling

☐ Work Assignment

☐ Work Review

☐ Discipline

☐ Final Selection

☐ Training

☐ Other (Specify):

11. What is the name, title, and position control number of this position's direct supervisor?

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

13. Are there any licenses, certificates, degrees, or credentials required by statute for this position?

14. Are there any licenses, certificates, degrees, or credentials required by the department/division/agency for this position?

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

16. What types of individuals are contacted and what is the purpose of the contact made while carrying out the duties of this position?

- 17. What equipment is used by this position that requires specialized training?**
- 18. Are there any unusual physical demands or working conditions required to perform the duties of this position?**
- 19. Is there any additional information which may support this classification request?**

NPD-19 CHECKLIST		Initials
My, _____, initials certify that the following has been done:		
<input type="checkbox"/>	Read NPD-19 Instructions	
<input type="checkbox"/>	Checked the box indicating whether the NPD-19 was initiated by the agency or employee	
<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"/>	Included comparison positions in response to question 3	
<input type="checkbox"/>	NPD-19 form obtained from <a href="http://www.hr.nv.gov">www.hr.nv.gov</a>	
	<b>Attachments</b>	
<input type="checkbox"/>	Current and Proposed Black and White Organizational Chart	
<input type="checkbox"/>	Applicable Legislation, Board/Commission Minutes, New Organization Plan, etc.	
<input type="checkbox"/>	Signed Work Performance Standards (if filled)	
<input type="checkbox"/>	Current/Proposed Work Performance Standards (if vacant)	
<input type="checkbox"/>	DHHS Checklist (for positions located within the Department of Health and Human Services only)	