

STATE OF NEVADA POSITION QUESTIONNAIRE INSTRUCTIONS

The Division of Human Resource Management (DHRM), Nevada Position Description 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 Work Performance Standards (WPS) of the new or reclassified position 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. Check the appropriate box(s), in the Appointing Authority/Incumbent Certification section of page one, "Is this request being submitted with agency knowledge? or approval?". **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.

The purpose of the classification process is to ensure that classified positions are assigned like duties and responsibilities in the same class. The process for reviewing a position involves the analysis of position factors the incumbent is required to perform as it relates to the requested position. The classification methodology utilizes several factors in analyzing positions: 1) the scope of responsibility and complexity of work performed; 2) knowledge, skills, and abilities required; 3) supervisory/managerial responsibility; 4) independence/supervision received. 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. **For position classification requests that are submitted after the legislature has finalized the agency's budget appropriation, an electronic copy of the NPD-19 and associated documentation should be electronically submitted to the Governor's Finance Office, Budget Division at budget@finance.nv.gov with a copy to the agency's human resource personnel.** For position classification requests that are submitted for review, as part of the agency's budget build, an electronic copy of the NPD-19 and associated documentation should be electronically submitted to DHRM at the comp.class@admin.nv.gov email.

Questions 1 through 14 of the NPD-19 form should do the following:

- **Question 1:** Describe the major purpose of the request, stating the 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 2:** 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.

STATE OF NEVADA POSITION QUESTIONNAIRE INSTRUCTIONS

- **Question 3: *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); and indicate new duties or functions by an asterisk (*) next to each new duty or new function within an existing duty. **Note:** Do not include work performance standards (e.g., customer service, teamwork, judgment, professionalism, etc.).
- **Question 4:** Provide information about the position(s) and/or contracted, volunteer, or student oversight exercised by the position.
- **Question 5:** 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 6:** 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 7:** List licenses, certificates, degrees, or credentials *required by statute* and/or *required by the department/division/agency* to perform the duties of the position.
- **Question 8:** Provide a detailed list of the statutes, rules, policies, procedures, and/or guidelines required to perform the duties of the position.
- **NPD-19 Checklist:** *Utilize the NPD-19 Checklist as a guide to ensure all required documents are attached.*

REQUIRED ATTACHMENTS

Attach the following documents to the NPD-19 submittal:

- A detailed salary projection including the position details, pay period, calculate balances, and funding source.
- Current and proposed organizational charts (no color). The organizational chart should include the following information: name of incumbents; class titles; position control number(s); position control number change, if applicable; 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 of the proposed job title.

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 if clarification of any information is required. If a reclassification is denied without an interview with the incumbent, an interview may be requested.

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.



STATE OF NEVADA POSITION QUESTIONNAIRE


Initiated By:

- Agency
 Employee

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/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	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#:	
HUMAN RESOUCE REPRESENTATIVE 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.		
	Short Form Use Only: I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title 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"/> 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		Expiration Date:
	Budget Representative Name:		
	Budget Representative Signature:		Date:
Note:			
FOR COMPLETION BY DHRM ONLY			
<u>INSTRUCTIONS TO APPOINTING AUTHORITY</u>	IFC/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	Agency ID#:	Agency Org/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:	Class Code:	Class Option:	Grade:
	Class Title:		
	Analyst Signature:		Date:
	Supervisor Signature:		Date:

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

Yes No

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/agency 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
NPD-19 CHECKLIST**

PLEASE USE THIS CHECKLIST AS A REFERENCE TO ENSURE ALL REQUIRED DOCUMENTS ARE SUBMITTED	
<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"/>	NPD-19 form obtained from www.hr.nv.gov
	Attachments
<input type="checkbox"/>	Salary Projection
<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"/>	Work Performance Standards
<input type="checkbox"/>	DHHS Checklist (for positions located within the Department of Health and Human Services only)