

STATE OF NEVADA DIVISION OF HUMAN RESOURCE MANAGEMENT
REQUEST TO ACCELERATE SALARY
(Adjustment of Steps Within Same Pay Grade - NAC 284.204)

1. Agency ID #:	2. Budget #:	3. Dept:	Division:
4. Applicant / Employee Name:		Geographic Location of Position:	
5. Class Title:		6. Class Code:	Position Control #
7. Grade:	8. *Proposed Step:	9. *Proposed Effective Date:	
10. BASIS OF REQUEST: (Please check only one shaded box. Please see NAC 284.204 for qualifying conditions.) <div style="margin-left: 20px;"><input type="checkbox"/> Meet difficult recruitment problem:<ul style="list-style-type: none"><input type="checkbox"/> Recruitment produced less than 5 eligible persons who are available.<ul style="list-style-type: none">• Copy of certified list <u>must</u> accompany request (if applicable)<input type="checkbox"/> Recruitment deemed historically difficult. Please attach documentation/history and a copy of the coded list.</div> <div style="margin-left: 20px;"><input type="checkbox"/> Hire person with superior qualifications.<ul style="list-style-type: none">• Copy of certified list <u>must</u> accompany request• Applicant comparison <u>must</u> accompany request Form NPD-04B, along with the cover memo to DHRM Administrator</div> <div style="margin-left: 20px;"><input type="checkbox"/> Maintain an equitable relationship between employees for reasons other than seniority.<ul style="list-style-type: none">• List of the employees being compared <u>must</u> accompany request Form NPD-04A.</div>			
11. JUSTIFICATION: Please attach separately <i>(Required for approval. Be specific)</i> <i>*Please note: Any request for an adjustment of steps must be <u>pre-approved prior</u> to making a firm job offer at an accelerated rate. Position cannot be filled prior to receipt of approval.</i>			
12. APPOINTING AUTHORITY CERTIFICATION: <i>I Certify That I Have:</i> <ul style="list-style-type: none">• Considered the salary requirements and qualifications of all eligible persons.• Ensured that the adjustment is financially feasible over the current biennium.• Maintained accurate records on this request. <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>_____ AGENCY FISCAL OFFICER</div><div>_____ DATE</div></div><div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>_____ AGENCY ADMINISTRATOR OR DESIGNEE <i>(Designee may not be the same as the Agency Personnel Officer)</i></div><div>_____ DATE</div></div><div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>_____ AGENCY PERSONNEL OFFICER</div><div>_____ DATE</div></div></div></div></div>		13. FOR COMPLETION BY DIVISION OF HUMAN RESOURCE MANAGEMENT (DHRM) <div style="margin-top: 10px;"><input type="checkbox"/> APPROVED - Effective Date _____</div> <div style="margin-top: 10px;"><input type="checkbox"/> DISAPPROVED</div> <div style="margin-top: 10px;">Per NAC 284.204, Subsection _____</div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>_____ SIGNATURE</div><div>_____ DATE</div></div><div style="margin-top: 10px;"><input type="checkbox"/> Agency has requested an appeal</div></div>	
14. FOR COMPLETION BY THE GOVERNOR'S FINANCE OFFICE <i>I Certify That I Have:</i> Ensured that the adjustment is financially feasible <u>through</u> the current biennium. <div style="margin-top: 10px;"><input type="checkbox"/> APPROVED</div> <div style="margin-top: 10px;"><input type="checkbox"/> DISAPPROVED</div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>_____ BUDGET ANALYST</div><div>_____ DATE</div></div><div style="margin-top: 10px;">Comments: _____ _____</div></div>		15. FOR COMPLETION BY GOVERNOR'S OFFICE Note: Only required if DHRM determination is appealed. <div style="margin-top: 10px;"><input type="checkbox"/> APPROVED</div> <div style="margin-top: 10px;"><input type="checkbox"/> DISAPPROVED</div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>_____ SIGNATURE</div><div>_____ DATE</div></div><div style="margin-top: 10px;">Comments: _____ _____</div></div>	

REQUEST TO ACCELERATE SALARY DIRECTIONS

NUMBERS 1-9: Enter all requested information.

Please note: Any request for an adjustment of steps must be **pre-approved prior to making a firm job offer at an accelerated rate. Position cannot be filled prior to receipt of approval.*

NUMBER 10: Check the appropriate box(es). Ensure all required attachments are complete and attached to NPD-04 form as identified. (NPD-04A or NPD-04B and cover memos.)

NUMBER 11: Attach detailed justification to support your request.

NUMBER 12: The agency will acquire the signature approval from the Agency Fiscal Officer, the Agency Administrator (or designee), then forwards the Request to the Agency Personnel Officer. After the Agency Personnel Officer reviews and signs the Request it will be forwarded to the Division of Human Resource Management (DHRM), Compensation Division.

NUMBER 13: If the DHRM approves the Request will be forwarded to the Governor's Finance Office. If the Request is not approved, it will be returned to the Agency Personnel Officer.

NUMBER 14: Once reviewed and approved by both the Agency Budget Analyst and the Governor's Finance Office the Request will be returned to the Agency Personnel Officer, or if applicable forward to the Governor's office for final review.

NUMBER 15: Upon appeal, the required forms will be sent to DHRM, Compensation Division, forwarded to the Governor's Office, returned to DHRM and then forwarded to the Agency Personnel Officer.