STATE OF NEVADA DIVISION OF HUMAN RESOURCE MANAGEMENT REQUEST FOR TEMPORARY ADJUSTMENT TO SALARY

(*Special Adjustment Equivalent to One Grade - NAC 284.206)

AGENCY:	HOME ORG:	DIVISION:	NEW REQUEST:□ EXT: □
EMPLOYEE NAMI	E:		PHONE NO:
POSITION CONTR	OL NO:	GEOGRAPHIC LOCATION	ON OF POSITION:
CLASS CODE:	CLASS TITLE:		GRADE:
BASIS OF REQUE	EST: (Read NAC 284.206 for	qualifying conditions. Attach explo	GRADE:
Employee is wor grade. * (PSACW)	king out of class on a continu	ing basis and performs essentially	all the duties and responsibilities of a position classified at a higher Grade: PCN (must be at a higher grade):
Employee is required to use bilingual skills or sign language for the deaf at least 10 percent of his/her work time. (PSACB)			
	•		
-	Date duties assumed: Attach an Organizational Ch □ Selection □ Work Assign	nart. All factors below should applyment □Training □Performance	be Appraisal □Work Review □Discipline
		•	odily waste in a medical, clinical or inpatient facility. (PSACC)
•		for employees in an occupational of the second seco	class series. (PSACT)
Law enforcement officer assigned to motorcycle duty. (PSACM)			
•	Date duties assumed:		
implementing see 1. Securing t 2. Accountin 3. Accountin	curity procedures, including, he work area from inmates w	without limitation: (PSACP) ho are not authorized to enter the ween assigned to the work area; and equipment in the work area.	
Other: Employee is authorized by the Legislature to receive such an adjustment.			
		Investigations (PSACR) □Out-of-	-State 10 percent (PSACX)
not meet the min	imum qualifications for the contract duties assumed: 2.5 percent = 1 grade increase	lass. (PSACW)	
	mation provided in this docu		curate. I agree to have the adjustment removed when it expires per ation, when the conditions justifying it cease to exist.
Signature of Appo	inting Authority or Designate	ed Representative *Signature of	Employee Date
	equired only if submitted without appo		process the request but will verify the information with the appointing authority.) Employee sponsibility to remove adjustment upon expiration.
FOR COMPLETIO	ON BY DIVISION OF HUMAN	RESOURCE MANAGEMENT	
□ APPROVED □ DISAPPROVED	Per	ctive: NAC 284.206 Subsection: y No:	
Signature:			
Comments:	ADDDOVED NOD 510 AND 0	HIDDODTING DOCUMENTS MUST	RE ATTACHED TO DECORDS FORM (ESMT 4) 1/2024