**STATE OF NEVADA**

**DIVISION OF HUMAN RESOURCE MANAGEMENT**

# REQUEST FOR TEMPORARY ADJUSTMENT TO SALARY

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

*(Collective Bargaining-Special Adjustment Equivalent to One Grade 5%, to two grades or more-10%)*

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| AGENCY: HOME ORG: DIVISION: NEW REQUEST: EXT:  EMPLOYEE NAME: UNION UNIT: PHONE NO:  POSITION CONTROL NO: GEOGRAPHIC LOCATION OF POSITION:  CLASS CODE: CLASS TITLE: GRADE: | | |
| BASIS OF REQUEST: *(Read NAC 284.206 for qualifying conditions. Attach explanation.)*  Employee is working out of class on a continuing basis and performs essentially all the duties and responsibilities of a position classified at a higher  grade. **\* (PSACW)**   * Date duties assumed: * Class title, Code, Grade and PCN of higher position for which duties are performed:   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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Employee is supervising other employees of the same or higher grade if the supervision is not provided for in the class specification. **(PSACA)**   * Date duties assumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Attach an Organizational Chart. All factors below should apply:   Selection Work Assignment Training Performance Appraisal Work Review Discipline  Employee is required regularly to perform custodial work and clean up human bodily waste in a medical, clinical or inpatient facility. **(PSACC)**  Employee conducts a formal training program for employees in an occupational class series. **(PSACT)**   * Date duties assumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Adjustment ends when the training program is completed.   Law enforcement officer assigned to motorcycle duty. **(PSACM)**   * Date duties assumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Correction employee is responsible for the supervision of a group of inmates assigned to a work area of an institution and who is responsible for implementing security procedures, including, without limitation: **(PSACP)**   * 1. Securing the work area from inmates who are not authorized to enter the work area;   2. Accounting for all inmates who have been assigned to the work area; and   3. Accounting for all materials, tools and equipment in the work area. * Date duties assumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Other: Employee is authorized by the Legislature to receive such an adjustment.   * Date duties assumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Rural K-9 Complex Investigations **(PSACR)** Out-of-State 10 percent **(PSACX)**  Employee who occupies a position in which the duties have been recognized through the classification process as being at a higher level, but who does not meet the minimum qualifications for the class. **(PSACW)**   * Date duties assumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   2.5 percent = 1 grade increase 5 percent = 2 grade increase  ***\* A temporary adjustment to salary for working out of class does not constitute a promotion****.* | | |
| CERTIFICATION  ***I certify the information provided in this document and in the attachment is accurate. I agree to have the adjustment removed when it expires per NAC 284.206 (1)(a) or, if approved pursuant to another subsection of the regulation, when the conditions justifying it cease to exist.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Appointing Authority or Designated Representative \*Signature of Employee Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency Personnel Officer Date  \*Employee signature required only if submitted without appointing authority certification. *(DHRM will process the request but will verify the information with the appointing authority.)* Employee signature attests only to accuracy of information; if approved, appointing authority will be apprised of responsibility to remove adjustment upon expiration. | | |
| |  |  |  |  | | --- | --- | --- | --- | | **FOR COMPLETION BY DIVISION OF HUMAN RESOURCE MANAGEMENT** | | | | |  | | | | | APPROVED | **%5 %10** | Effective: | Expires: | |  | | **Per NAC 284.206 Subsection**: | **OR** | | DISAPPROVED | | Study No: | When Justifying Conditions Cease to Exist | |  | |  | **(*whichever is sooner*)** | | Signature: | | | Date: | | | |
| NPD-5 | ***APPROVED NPD-5’S AND SUPPORTING DOCUMENTS MUST BE ATTACHED TO THE SUCCESS FACTORS ACTION*** | 09/2021 |