

Job Development Form

For Employee No Longer Able to Perform Essential Functions of Current Position

Employee Name: _____	Employee ID: _____
Department: _____	Division: _____
Current Class Title: _____	Class Code: _____ Grade: _____
Geographical location(s) willing to work: _____	

_____/_____
 Employee's Signature Date

Please complete the first three columns of the table below for the job classes you are willing to work. Job classes must be at or below your current grade level. Additional lines may be added to the table or as an attachment if needed. Class Specifications (descriptions and qualifications) may be found at: http://hr.nv.gov/Resources/Class_Specifications/.

Submit this form and attach an up-to-date NEATS/NVAPPS Applicant Profile to the Division of Human Resource Management, Compensation, Classification and Recruitment Section, 209 E. Musser Street, Rm 101, Carson City, NV 89701.

Class Code	Class & Option (List each option separately)	Grade	*A R	Date Evaluated/Evaluator Reason for Rejection

*A = Accepted R = Does not meet requirements for class