

SUCCESSION PLAN

PURPOSE: Identify hard-to-fill or promotional roles critical to the business, analyze risks associated with not filling the vacancy, and create plans to reduce those risks by investing in our current workforce.

INSTRUCTIONS: All cells must be filled in for a complete Succession Plan. The rows in the chart expand as you type. Submission of the signed, completed Plan must come from the Director's office. Please submit the completed form to successionplanning@admin.nv.gov for approval.

DEPARTMENT		DIVISION	
DATE		REQUESTOR NAME	
DIRECTOR NAME AND SIGNATURE		ADMINISTRATOR NAME AND SIGNATURE	
<p>I have discussed this Succession Plan with my supervisor and agree to the developmental/training components described below.</p> <p>I understand approval of this plan means that I will have the Minimum Qualifications waived to allow me to be appointed into the position.</p> <p>I also understand that this appointment is an internal appointment and is not transferable to another Department or Division.</p>		EMPLOYEE NAME AND SIGNATURE	

ASSURANCES

By signing above, the Director and Administrator:

1. Certify support of the Succession Plan.
2. Acknowledge the position must be approved as hard-to-fill or promotional and the plan deemed suitably rigorous for a candidate to be *immediately* appointed.
3. Acknowledge the approval is contingent upon the Division or Department being in full compliance with Annual Performance Reviews for the Succession Plan employee. If not, the Division will be in full compliance by the following date: _____.
4. Acknowledge that the DHRM Administrator has final approval on a recommended Succession Plan, and even though there may be discussion and additional information requested to approve such a plan, there is no appeal process further than the DHRM Administrator.

POSITION TITLE:	
POSITION CONTROL NUMBER:	
WHY SHOULD THIS POSITION BE FILLED WITH A SUCCESSION PLAN? Provide justification and specific examples such as turnover rate, amount of time vacant, recruiting efforts to include number of recruitments with less than five qualified applicants, underfills, etc.	
POTENTIAL SUCCESSOR NAME:	
• Current position title	
• Tenure in current position	
• Date of last Annual Performance Review	
• Date Stay Interview conducted to determine interest	
• Timeline to qualify for budgeted title: 1 year or less; 1 to 2 years; 2 to 3 years; 3 or more years	
• How has this person demonstrated they are the best successor? Please provide specific examples and attach the resume to your email submission.	

DEVELOPMENT PLAN FOR SUCCESSOR

Instructions: List the training (coursework, conferences, webinars), coaching, mentoring, shadowing, meetings, and other educational and experiential opportunities that the employee will undertake to bridge the gap between current qualifications and qualifications needed to complete the Succession Plan and be successful in the budgeted position. Also, list the time needed to complete each developmental resource.

Gaps Identified/Qualifications Missing from Position Class Specifications Reference https://hr.nv.gov/Resources/Class_Specifications/	Developmental Resource Suggested to Meet Identified Gap	Start Date	End Date
1.			
2.			
3.			
4.			
5.			

☐ This Succession Plan is approved for immediate appointment.

☐ This Succession Plan does not meet the requirements.

☐ This Succession Plan needs more information. Please provide:

DHRM ADMINISTRATOR: _____

DATE: _____