

SUCCESSION PLAN

PURPOSE: Identify roles critical to the business, analyze associated risks, and create plans to reduce those risks.

DIRECTIONS: 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.

DEPARTMENT		DIVISION	
DATE		CERTIFIED PLANNER NAME	
DIRECTOR NAME AND SIGNATURE		ADMINISTRATOR NAME AND SIGNATURE	
<p>I have discussed this Succession Plan with my supervisor and agree to the developmental components described below. I also understand approval of this plan means that I may not be appointed immediately to the position but will have the Minimum Qualifications waived to make my application eligible for consideration in a recruitment.</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 both as hard-to-fill and the plan deemed suitably rigorous for a candidate to be *immediately* appointed. If these criteria are deemed to have *not been suitably met*, the recommended succession plan for the employee can still be utilized and approved as a waiver of minimum qualifications and the employee will become *eligible* for the position in an open recruitment.
3. Acknowledge the approval is contingent upon the Division or Department being in full compliance with Annual Performance Reviews for all employees, not just those identified in this Succession Plan. 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 maybe 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 CATEGORIZED AS HARD-TO-FILL? Provide specific examples such as turnover rate, number of recruitments with less than five qualified applicants, etc.	
CURRENT INCUMBENT:	
POTENTIAL SUCCESSOR NAME:	
<ul style="list-style-type: none"> • Current position title 	
<ul style="list-style-type: none"> • Tenure in current position 	
<ul style="list-style-type: none"> • Date of last Annual Performance Review 	
<ul style="list-style-type: none"> • Date Stay Interview conducted to determine interest 	
<ul style="list-style-type: none"> • Readiness Level: 1 year or less; 2 to 3 years; 3 or more years 	
<ul style="list-style-type: none"> • How has this person demonstrated they are the best successor? Please provide specific examples and paste the resume at the end of this document. 	

DEVELOPMENT PLAN FOR SUCCESSOR			
Gaps Identified from Critical Position Class Specifications Reference https://hr.nv.gov/Resources/Class_Specifications/ to copy relevant information	Developmental Resource to Meet Identified Gap	Start Date	End Date
1.			
2.			
3.			
4.			
5.			
6.			

- This Succession Plan is approved for immediate appointment in this Hard-to-Fill position.
- This Succession Plan is not approved for immediate appointment. A minimum 7-day recruitment period is required.
- This Succession Plan does not meet the requirements.
- This Succession Plan needs more information:

DHRM ADMINISTRATOR _____

DATE _____