

**STATE OF NEVADA
DIVISION OF HUMAN RESOURCE MANAGEMENT
REQUEST FOR TEMPORARY ADJUSTMENT TO SALARY FOR EMPLOYEES COVERED UNDER BBFFA CBA**

AGENCY: _____ HOME ORG: _____ DIVISION: _____ NEW REQUEST: EXT:
 EMPLOYEE NAME: _____ UNION: _____ PHONE NO: _____
 POSITION CONTROL NO: _____ GEOGRAPHIC LOCATION OF POSITION: _____
 CLASS CODE: _____ CLASS TITLE: _____ GRADE: _____

BASIS OF REQUEST: (Read NAC 284.206 and applicable CBA for qualifying conditions. Attach explanation.)

- Employee assigned to an incident will receive Incident Pay for the hours not worked. (PBINC)
 - Date duties assumed: _____
 Collective Bargaining-Special Adjustment 10%
- Employee whose activities meet the definition of Hazard Pay in the Interagency Incident Business Management Handbook (IIBMH) qualify for twenty-five percent of their regular hourly rate of pay for all hours worked during any calendar day when performing the qualifying activity/activities. (PBHAZ)
 - Date duties assumed: _____
 Collective Bargaining-Special Adjustment 25%
- Employee is approved to receive a Fitness Incentive for the amount of \$40.00 a month. (PTOOL)
- Employee is approved to cash out annual leave up to 40 hours per instance. (UAAL)
 - November amount _____
 - May amount _____

CERTIFICATION

I certify the information provided in this document and in any attachments is accurate. I understand that some special adjustments to pay are paid only for the hours during which I perform the specific duties related to the assignment. 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, or under the applicable CBA, when the conditions justifying it cease to exist.

 Signature of Appointing Authority or Designated Representative Signature of Employee Date

 Department/Division Human Resources Staff Date

Agency Comments:

LRU Comments

LRU-5 **APPROVED LRU-5'S AND ANY SUPPORTING DOCUMENTS MUST BE ATTACHED** 8/2023

Labor Relations Unit Date Stamp

FOR COMPLETION BY DIVISION OF HUMAN RESOURCE MANAGEMENT, LABOR RELATIONS UNIT (DHRM, LRU)

- APPROVED - Effective Date _____
- DISAPPROVED Per BBFFA CBA § _____

SIGNATURE

DATE

- Agency has requested an appeal.