

**STATE OF NEVADA
DIVISION OF HUMAN RESOURCE MANAGEMENT
REQUEST FOR TEMPORARY ADJUSTMENT TO SALARY FOR EMPLOYEES COVERED UNDER FOP 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 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: _____
Collective Bargaining-Special Adjustment 5%

Employee who is temporarily assigned and approved by the Employer to assume the daily responsibilities of an authorized position in a higher classification will be paid a Special Adjustment to Pay (Acting Pay) in accordance with the CBA. **(PSACW)**

- Date duties assumed: _____
Collective Bargaining-Special Adjustment 5% 10%

Employee assigned to a Special Assignment. **(PFOP)**

- Date duties assumed: _____
 Armorer/Transportation Staff Institutional Investigator Recruiter Control Officer Correctional Emergency Response Team/Security Squad
 Crisis Intervention Training/Crisis Negotiations Training
Collective Bargaining-Special Adjustment 5%

Employee who is newly hired into the Correctional Officer series or the Forensic Specialist series covered under this Agreement will be eligible to receive a recruitment bonus \$7,500.00 total. **(RECRB)**

- Date of Hire: _____
 New Hire
Collective Bargaining-Special Adjustment \$1,500.00
 3-month satisfactory service
Collective Bargaining-Special Adjustment \$1,500.00
 7-month satisfactory service
Collective Bargaining-Special Adjustment \$1,500.00
 12-month satisfactory service
Collective Bargaining-Special Adjustment \$3,000.00

Employee is approved to cash out annual leave up to 40 hours per instance. **(UYRAL)**

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 FOP CBA § _____

SIGNATURE

DATE

Agency has requested an appeal.