

**STATE OF NEVADA  
DIVISION OF HUMAN RESOURCE MANAGEMENT  
REQUEST FOR TEMPORARY ADJUSTMENT TO SALARY FOR EMPLOYEES COVERED UNDER NPOA 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 their work time. **(PSACB)**

- Date duties assumed: \_\_\_\_\_  
     *Collective Bargaining-Special Adjustment*  5%

Law enforcement officer assigned to a Special Assignment. **(PNPOA)**

- Date duties assumed: \_\_\_\_\_  
      FTO  Instructor  Dignitary Protection  Armorer  CVSA/Polygraph Examiner  Evidence Technician/Custodian  Officer involved shooting/Use of Force Investigator  
     *Collective Bargaining-Special Adjustment*  20%

Officers who wish to receive Education/POST Certificate Pay must submit a request to receive the pay and a copy of their NV POST certificate(s), via email, to their Department/Division designee by November 1<sup>st</sup>. **(EDUCP)**

- Date proof was submitted: \_\_\_\_\_  
      Intermediate Nevada POST Certificate  
     *Collective Bargaining-Special Adjustment*  \$500.00  
      Advanced Nevada POST Certificate  
     *Collective Bargaining-Special Adjustment*  \$900.00

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**      9/2023

Labor Relations Unit Date Stamp

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

APPROVED - Effective Date \_\_\_\_\_

DISAPPROVED Per NPOA CBA § \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Agency has requested an appeal.