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

AGENCY:	HOME ORG:	DIVISION	1:		NEW REQUEST: $\Box$ EXT: $\Box$
EMPLOYEE NAME:				UNION:	PHONE NO:
POSITION CONTROL NO: GEOGRAPHIC LOCATION OF POSITION:					
CLASS CODE:	CLASS TITLE:				GRADE:
CLASS CODE:       CLASS TITLE:       GRADE:         BASIS OF REQUEST:       (Read NAC 284.206 and applicable CBA for qualifying conditions. Attach explanation.)         □ Employee that possesses an Associate's Degree, a Bachelor's Degree (not for an MQ) or a Master's Degree in lieu of a Bachelor's Degree, payable each July. (EDUCP)         • Date proof was submitted:					
Employee is required to Date of the control of the	Master's Degree Collective Barg to use bilingual skills or sign langu ate duties assumed: follective Bargaining-Special Adju	gaining-Special Aduage for the deaf a	<i>djustment</i> □ \$ at least 10 perc	900.00 ent of their work time. (PSAC	CB)
Da     Da     Ad     Law enforcement offic	formal training program for emplo ate duties assumed:	program is comple PSACM)	eted.	ries. (PSAUL)	
Cc □Law enforcement offic • Da Cc	ate duties assumed: collective Bargaining-Special Adju- cer assigned to K-9 duty. (PSACR vate duties assumed: collective Bargaining-Special Adju- per assigned to a Special Assignment	<i>ustment</i> □ 10% <b>R)</b> <i>ustment</i> □ 10%			
<ul> <li>Law enforcement officer assigned to a Special Assignment. (PNPU)</li> <li>Date duties assumed:</li></ul>					
May amount <u>CERTIFICATION</u> 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 Labor Relations Uni		-5'S AND ANY SU	UPPORTING	DOCUMENTS MUST BE A	<i>TTACHED</i> 8/2023
				MANAGEMENT, LAE	BY DIVISION OF HUMAN RESOURCE BOR RELATIONS UNIT (DHRM, LRU) fective Date Per NPU CBA §
				DATE	

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 $\Box$  Agency has requested an appeal.