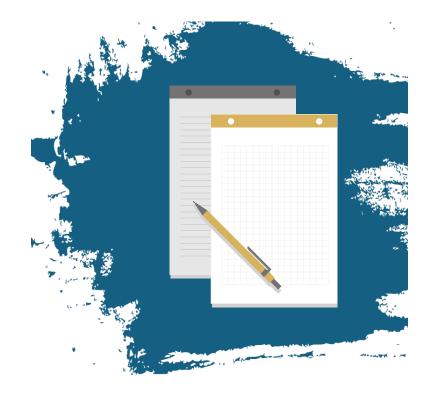


Classification and Compensation Forms (HR-19; HR-4; HR-5) Guidance



Our goal is to provide guidance for State employees to confidently complete and submit an HR-19, HR-4, or HR-5 form.





HR-19
NEVADA POSITION
DESCRIPTION
QUESTIONNAIRE





HR-5
TEMPORARY
ADJUSTMENT TO
SALARY REQUEST







Provide guidance for the classification and compensation process

Position Funding
Position Classification
Accelerated Rates
Temporary Adjustment to Salary

Position Funding GFO (Budget Office)/Legislature



- GFO/Legislature ONLY approves funding, not the actual classification (duties) of a position.
 - If an HR-19 is disapproved by the Budget Office,
 - o For New Position request: Page 1 will note disapproval and be provided to the department
 - o For Existing Position request: DHRM will conduct a review to determine:
 - If an incumbent is working out of class
 - ✓ If so, it will be determined which duties may need to be removed to maintain current class and MAY receive a special adjustment to pay for working out of class (Refer to HR-5 form) (NAC 284.206(2)(a)) for time prior to removal of higher-level duties.
 - If a position is classified appropriately and no duties need to be removed
- **GFO** approves or disapproves funding for HR-4 form.
 - If HR-4 is disapproved by the Budget Division, the budget analyst will note disapproval and provide the reason.
 - If HR-5 is approved by DHRM, a copy will be forwarded to the Budget Division for their acknowledgement of an approved temporary adjustment of salary.



Roles in completing and submitting forms to DHRM, Classification and Compensation Section

- Incumbent
- Supervisor/Manager
- Appointing Authority
- Department Human Resources Representative
- Governor's Finance Office (GFO) / Legislature



Incumbent

The individual hired to perform the duties and responsibilities assigned to the position. The incumbent provides details relating to the duties and responsibilities of the position as they are currently performing the duties.

Although the incumbent can submit an HR-19 without the knowledge or approval of the department, if the HR-19 is submitted without the proper signatures, DHRM will send a copy to the department human resource liaison to obtain the signatures and verify the request.

An incumbent also may submit an HR-5 form if their classified position meets the conditions of NAC 284.206. However, an incumbent cannot submit an HR-4 form for an accelerated salary rate.



Supervisor/Manager

The individual responsible for full supervision of the position requesting classification or reclassification. This includes providing direction on the duties and responsibilities, creating and updating the position's work performance standards, essential functions, performance appraisals, and any disciplinary actions.

The hiring supervisor/manager determines which duties and responsibilities are expected of a position.



Appointing Authority

The individual authorized to make decisions for the department and approves or disapproves an HR-19, HR-4, or HR-5 request.

The department director or individual given delegated authority to sign on the behalf of the director. If disapproved, the appointing authority is to provide a memo detailing the reason for disapproval.

Department Human Resources Representative



The individual responsible for providing guidance and assistance to the incumbents of a department relating to human resource services such as, recruitment, hiring, leave, grievances, accelerated rates, and other personnel services. This includes assisting with the completion and submittal of the HR-19, HR-4, and HR-5 form.

Governor's Finance Office (GFO) / Legislature



The GFO is responsible for the state budget and approves or denies funding for HR-19s and HR-4s.

Position Classification







Documents Related to Classified Position

Class Specification
General duties and
responsibilities
of a class/series

Work Performance Standards

- Work Performance Expectations
- Current duties and responsibilities
- Utilized for performance evaluations

HR-19

Establishes the position's classifiable duties and responsibilities

Essential Functions

Must be able to perform the duties and responsibilities with or without reasonable accommodations



Position Classification

- The position classification process groups positions into classes based on similar or like duties, responsibilities, and qualification requirements.
- Reviewing a position involves the analysis of position factors the incumbent is required to perform.
- The position classification process utilizes:
 - A Classification Methodology to analyze positions, make position class determinations, and to develop and review class specifications.
 - The HR-19 form documents and establishes the detailed duties and responsibilities of a position.



Classification Methodology

Factors utilized in the classification methodology to analyze positions

- 1. Scope of Responsibility and Complexity of Work Performed
- 2. Knowledge, Skills, and Abilities (KSA's) Required
- 3. Supervisory / Managerial Responsibility
- 4. Independence / Supervision Received



Nevada Position
Description
Questionnaire
(HR-19)

The classification process should be utilized when a new position is established or when an existing position experiences a change in duties and responsibilities altering the basic mission or purpose of the position to the degree that it no longer meets the class it is assigned, per Nevada Administrative Code (NAC) 284.126(1b).



Nevada Position Description Questionnaire (HR-19)

The HR-19 form is to be submitted for positions in the CLASSIFIED service only

- Do not submit an HR-19 for unclassified positions, contracted positions, or members of boards or commissions.
- Do not submit an HR-19 to change the Full Time Equivalency (FTE) status of a position.

Position Classification Process

Each individual study has unique circumstances that require the completion of some activities listed below

- Review and analyze submitted documentation
- Request clarifying information
- Gather and analyze historical and related information
- Analyze the Position
 - Compare assigned duties to the appropriate class specification, existing classified positions and/or duties that established the position
 - Conduct a position audit
- Determine the appropriate class
- Document the outcome



Factors NOT utilized in the position classification process

- Personal Characteristics
- New or Advanced Technology
- Workload
- Backup Duties
- Duties not Currently Assigned or Performed

Types of Requests











Classification

Short Form Classification Legislative Review Reclassification



If the department plans to do the following

- Seek funding for a new position through
 - o Legislature
 - Work Program
 - Budgetary Request

Then follow the process for

Classification

The classification process should be used when a new position has been funded.



If the department plans to do the following

- Classify a new position(s) that will perform all the duties outlined in the series and job concept and is found on the "Short Form Class List"
- Seek to have the duties of a new or existing position reviewed prior to requesting funding through the legislative budget process

Then follow the process for

Short Form Classification

Legislative Review



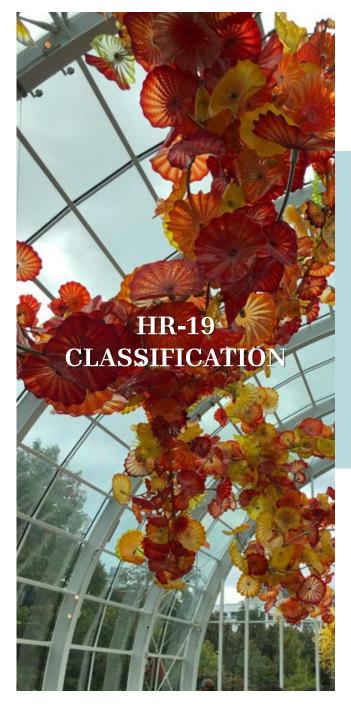
If the department plans to do the following

- Restructure its department, divisions, sections, or units that results in a permanent change in the duties and responsibilities of an existing position(s)
- Reallocate the duties and responsibilities of an existing position(s) as the result of restructuring a department, divisions, sections, or units
- Request a class change as the result of a gradual increase in duties and responsibilities of an existing position that has resulted in the position no longer performing within its original class

Then follow the process for

Reclassification

The reclassification process should be used when a department restructures and/or an existing position experiences a change in duties.





Provide guidance for completing and submitting an HR-19 requesting to classify a new position

New Position Short Form Legislative Review



Classification and Compensation Section will

- Ensure the GFO has completed the "For Completion by Budget Division Only" section of the HR-19 approving or disapproving funding
- Work with departments to ensure proper documentation, signatures, and information is completed and/or included in the request
- Assign to an Analyst for analysis
- Finalize Position Classification Study
- Provide a written determination
- Provide a completion email

4 Steps to Complete HR-19 for Classification Request

Page 1



- 1. Page 1 Heading
 - "Initiated by"
 - "Type of Budget Request"
 - "Type of Classification Request"
- 2. Page 1
 - "Position Information"
 - "Appointing Authority/ Incumbent Certification"
- 3. Questions 1-9 Responses
- 4. Submit HR-19 with Required Documentation

siated By: Department/Division Incumbent e of Budget Request: Interim Budget Build Decision Unit PARTMENT / DIVISION / SECTI	POSITION (OF NEVADA QUESTIONN date stamp)	Type of 0 New I Recla	Classification Request: Position Position - Short Form saify Filled Position saify Vacant Position lative Review FY /	2. A p 3. v <u>a</u> d	re there position to color of the color of t	ositions in toompare to? e duties perfect to each if added by place.	ormed by this p	livision/section/u osition? Descrii function within ai	nit with similar du be the duties in det n existing duty. Not right clicking. Next se	all. <u>Put an</u> e: Additional	of superviso	positions that ry responsibilit lo e duties in detai sion:	are supervise ties exercised
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Preliminary Approval Pending FYBudget approval and no changes to the duties Other:	Job Title Analyst Signature Supervisor Signature	000 0002	Ones.	Date Date		Work Ass		☐ Work Review	☐ Training	Other (Specify): Page 2	R-19 (Rev S/1/2025)		
(MAY DELIZINGS)				Page 1										

Page 2 Page 3



	STATE OF NEVADA POSITION QUESTIONNAIRE	
Initiated By: Department/Division	DHRM (date stamp)	Type of Classification Request: New Position
Incumbent		New Position - Short Form Reclassify Filled Position
Type of Budget Request:		Reclassify Vacant Position Legislative Review FY /
Budget Build Decision Unit		

Indicate

- The request is
 "Department/Division"
 or "Incumbent" initiated
- Whether the request is before "Budget Build" or after "Interim" the budget appropriation

Select Request Type
"New Position"



Complete the "Position Information"

- Include PCN(s) and the number of position(s)
- Include both name and title of the Supervisor,
 Appointing Authority or Designee, and HR Representative

POSITION INFORMATION									
DEPARTMENT / DIVISION / SECTION / UNIT									
DEPT # (3 digits)	DIVISION # (3 digits)	BUDGET #	(4 digits)	POSITION CO	NTROL (P	CN) #	# OF POSITIONS		
				<u> </u>					
CURRENT JOB TITLE		JOB CODE		GRADE					
REQUESTED JOB TITLE		JOB CODE		GRADE					
NEGOESTED SOD TITLE				000 0002		OITABL	-		
INCUMBENT NAME			EMAIL	•		PHONE	#		
SUPERVISOR NAME AND	TITLE		EMAIL			PHONE	PHONE#		
APPOINTING AUTHORITY	OR DESIGNEE NAME A	ND TITLE	EMAIL PHO			PHONE	#		
			SMAIL BUOK						
HUMAN RESOURCE REPR	RESENTATIVE NAME AN	DIIILE	EMAIL PHOI			PHONE	:#		
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DEPARTMENT									
HUMAN RESOURCE OFFICE	I certify that I have rea								
(date stamp)	Short Form Use On								
	type and level of dutie								
	listed on the HR-19 S			scribed in the pr	oposeu job	uuc and	the requested job is		
	Position Duties or Cha	Position Duties or Changed Duties were/will be Effective							
	Appointing Authority or Designee S								
	Incumbent Signature						Date:		
	Is request being subn	nitted with De	pt/Div	knowledge?	Yes N	o approv	val? Yes No		

Certification

- Read and complete
 "Appointing
 Authority/
 Incumbent
 Certification"
- Obtain appropriate signatures



Provide detailed responses to each of the 9 questions

1.	What	is the major purp	ose of this request?			
2.		there positions in ion to compare to		vision/section/un	it with similar duties of	this
3.	aster duties	isk (*) next to each s can be added by pi	new duty or new fu	nction within an desired row and r	e the duties in detail. <u>P</u> <u>existing duty</u> . <u>Note</u> : Addi ight clicking. Next select "In	tional
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4.	numl	er of all positions		nctions as a lead	job title and position co worker for. Describe, in d sition.	
	☐ Yee	es No				
	If yes	, describe duties in	detail:			
	Chec	k applicable boxes	s:			
	□ v	/ork Assignment	Work Review	Training	Other (Specify):	
HR-1	9 (Rev 5/1/2	025)				Page 2

of supervisory responsib	ion as a <u>supervisor?</u> What is the job title and position contro nat are supervised by this position? Describe, in detail, the exten ilities exercised by this position.
Yes No	, ,
If yes, describe duties in de	etail:
Direct Supervision:	
Indirect Supervision:	
Check applicable boxes: Performance Appraisa Work Assignment Final Selection	Work Performance Standards
6. What is the extent of sup-	ervision exercised over this position?
	ertificates, degrees, or credentials <u>required by statute</u> or <u>required in/section/unit</u> for this position?
8. Which statutes, rules, proposition?	ocedures, or guidelines are used in performing the duties of this
9. Is there any additional inf	formation which may support this classification request?

Classification – New Position Submittal

- Submit *Interim Classification Requests* to the GFO, Budget Division at budget@finance.nv.gov
 - o HR-19
 - o Salary Projection
 - Current Organizational Chart(s)
 - Proposed Organizational Chart(s)
 - Applicable Documents
- Submit Budget Build Classification Requests to DHRM Classification and Compensation Section at class.comp@admin.nv.gov
 - Upload into the Nevada Executive Budget System (NEBS)
 - o HR-19
 - Salary Projection
 - Current Organizational Chart(s)
 - Proposed Organizational Chart(s)
 - Applicable Documents
- Submit Agency/Employee Classification Requests to DHRM Classification and Compensation Section at class.comp@admin.nv.gov
 - o HR-19
 - Current Organizational Chart(s)
 - Proposed Organizational Chart(s)
 - o Applicable Documents





Departments may submit the first page of the HR-19 form for a new position or multiple new positions if the job title is listed on the "HR-19 Short Form Class List." Each position must perform a majority of the duties and responsibilities described for the requested level in the class specification.



3 Steps to Complete HR-19 for Short Form Request

- 1. Page 1 Heading
 - "Initiated by"
 - "Type of Budget Request"
 - "Type of Classification Request"
- 2. Page 1
 - "Position Information"
 - "Appointing Authority/Incumbent Certification"
- 3. Submit HR-19 with Required Documentation

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Department/Division				ñ	New Position			
Incumbent						New Position - Short Form Reclassify Filled Position Reclassify Vacant Position		
Type of Budget Request:								
Interim				Ш	Legislative R	eview FY /		
Budget Build Decision		POSITION INFORMATION						
DEPARTMENT / DIVISION /								
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DEPT # (3 digits)	IVISION # (3 digits)	BUDGET	# (4 digits)	POSITION CONTI	ROL (PCN) #	# OF POSITION		
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REQUESTED JOB TITLE				JOB CODE	GRAI	ne .		
KEMOESTED JOB HILE				JOB CODE	GRAI	JE.		
INCUMBENT NAME			EMAIL		PHO	NE#		
SUPERVISOR NAME AND TI	T. C				Brown.	F."		
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APPOINTING AUTHORITY O	ND TITLE	EMAIL		PHON	PHONE#			
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		APPOINTING AUTHORITY/INCUMBENT CERTIFICATION						
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Short Form



	STATE OF NEVADA POSITION QUESTIONNAIRE	
Initiated By:	DHRM (date stamp)	Type of Classification Request:
Department/Division		New Position
Incumbent		New Position - Short Form
		Reclassify Filled Position
Type of Budget Request:		Reclassify Vacant Position
Interim		Legislative Review FY /
Budget Build Decision Unit		

Indicate

- The request is "Department/Division" initiated
- Whether the request is before "Budget Build" or after "Interim" the budget appropriation

Select Request Type
"New Position – Short Form"

Short Form



Complete the "Position Information"

- Include PCN(s) and the number of the position(s)
- Include both name and title of the Supervisor,
 Appointing Authority or Designee, and HR Representative

		POSITION IN	FORMATIO	N				
DEPARTMENT / DIVISION	/ SECTION / UNIT							
DEPT # (3 digits)	DIVISION # (3 digits)	/ISION # (3 digits) BUDGET # (4 digits) POSITION CONTROL (PCN) #						
CURRENT JOB TITLE				JOB CODE		GRADE		
REQUESTED JOB TITLE			JOB CODE GRADE			Ε		
INCUMBENT NAME		EMAIL	•		PHONE	#		
SUPERVISOR NAME AND	EMAIL			PHONE	PHONE#			
APPOINTING AUTHORITY	OR DESIGNEE NAME A	ND TITLE	EMAIL			PHONE	PHONE#	
HUMAN RESOURCE REPR	RESENTATIVE NAME AN	D TITLE	EMAIL P			PHONE	#	
	APPOINTING A	AUTHORITY/	INCUMBEN	IT CERTIFICA	TION			
DEPARTMENT HUMAN RESOURCE OFFICE (data stamp)	I certify that I have rea							nd the
(date stamp)	(date stamp) Short Form Use Only: I further certify that the requested position(s) will perform essentially all of type and level of duties and responsibilities described in the proposed job title and the requested job listed on the HR-19 Short Form Job List.							
	Position Duties or Ch	Position Duties or Changed Duties were/will be Effective						
	Appointing Authority	Signature				Date:		
	Incumbent Signature						Date:	
	Is request being subn	nitted with De	pt/Div	knowledge?	Yes	No appro	val? Yes	No

Certification

- Read "Short Form
 Use Only"
 certification
- Complete the
 "Appointing
 Authority/Incumbent
 Certification"
- Obtain appropriate signatures

Classification – Short Form Submittal

Submit *Interim Classification Requests* to the Governor's Finance Office, Budget Division at budget@finance.nv.gov



- o HR-19, Page 1
- o Salary Projection
- Current Organizational Chart(s)
- Proposed Organizational Chart(s)
- o Applicable Documents
- Submit Budget Build Classification Requests to DHRM Classification and Compensation Section at class.comp@admin.nv.gov
 - Upload into NEBS
 - O HR-19, Page 1
 - Salary Projection
 - Current Organizational Chart(s)
 - Proposed Organizational Chart(s)
 - o Applicable Documents
- Submit Agency/Employee Classification Requests to DHRM Classification and Compensation Section at class.comp@admin.nv.gov
 - o HR-19, Page 1
 - Current Organizational Chart(s)
 - Proposed Organizational Chart(s)
 - o Applicable Documents

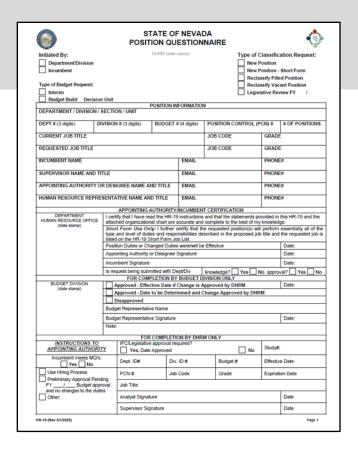




The Legislative Review is part of the biennial budgetary process.

Departments may submit HR-19s for prereview and pre-approval to include in their biennial budget.

Legislative Review





- Starts with the department
 - o What has happened?
 - o What is needed of the position?
 - What is the department trying to accomplish?
 - What will be expected of the position?
 - o Will other positions be affected?
- Complete and submit to DHRM the HR-19 form with applicable attachments for preliminary review
- Upload the initial HR-19 with applicable documentation into NEBS
- Upon DHRM approval, upload the approved HR-19 with applicable documentation and preliminary approval letter into NEBS as part of the department's budget request to the Legislature
- If the HR-19 request is approved in the budget and no changes have occurred, re-submit the pre-approved HR-19 and preliminary approval letter to DHRM for final signature

4 Steps to Complete HR-19 for Legislative Review Request



- 1. Page 1 Heading
 - "Initiated by"
 - "Type of Budget Request"
 - "Type of Classification Request"
- 2. Page 1
 - "Position Information"
 - "Appointing Authority/ Incumbent Certification"
- 3. Questions 1-9 Responses
- 4. Submit HR-19 with Required Documentation

CURRENT OF THE JOB CODE GRACE RECURRENT FORM												
Department Chronics Type of Budget Request Type of Budget Request Type of Budget Request Decision Use						\		1	. What	is the major purp	oose of this request?	?
Type disular Review	Department/Division	D	HRM (date stamp)	B.	lew Position lew Position	- Short Form		2				ivision/s
CEPT # (3 dg/s) DIVISION # (3 dg/s) BUDGET # (4 dg/s) POSITION CONTROL, PCHB # OF POSITIONS	Interim Budget Build Decision	PC	DSITION INFORMATION	R	eclassify Va	ant Position	\setminus	3	<u>aster</u> duties	isk (*) next to eac can be added by p	h new duty or new foliacing the curser in th	unction le desired
CURRENT OF THE JOB CODE GRACE RECURRENT FORM	EPARTMENT / DIVISION / S	SECTION / UNIT					1	١	then e	either "Insert Rows		
RECORDETED JOSTITLE JOS CODE GRANE BECOMESTED JOSTITLE LONG L	EPT # (3 digits) DIV	VISION # (3 digits)	BUDGET # (4 digits)	POSITION CONTRO	DL (PCN) #	# OF POSITIONS	1	١ ١			DI	UTY STATE
TROUBERT TAME EMAL PROMES EMA	URRENT JOB TITLE			JOB CODE	GRAD	E	1	1	110.000			
SUPPERVISION NAME AND TITLE APPORTING AUTHORITY OR DESIGNER NAME AND TITLE MANUAL RESOURCE REPRESENTATIVE NAME AND TITLE APPORTING AUTHORITY OR DESIGNER NAME AND TITLE APPORTING AUTHORITY OR THE STATE OF THE S	EQUESTED JOB TITLE			JOB CODE	GRAD	E	1	1				
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APPORTISES ANTHORITY INCLUDENT CAPTURE AND ADMINISTRATIVE CAPTURE CAPTU							/					
DESCRIPTION OF CONTROL	IUMAN RESOURCE REPRES				PHON	EF						
Soor From Use City! Further setify the the required positions) will perform sessingful at of the liquid set of the position of the set of the proposed glob file and gl	DEPARTMENT	I certify that I have read	the HR-19 instruction	s and that the statemen	ts provided in	this HR-19 and the	1					
Second Provided Author and Improved Memory Control Provided Author and Second Provided Author and Se	(date stamp)	attached organizational	ched organizational chart are accurate and complete to the best of my knowled			ige.	-					
Poster Orlange Of Charge State Date		type and level of duties	and responsibilities d	lescribed in the propose	d job title an	the equested job is						
				be Effective	_	Date:	1					
Is required being submitted with Directifive Variables approved by the IB opported Vero II	1	Appointing Authority or	Designee Signature			Date:						
FOR COMPLETIONS PROCESSED TO STAND COMPLETIONS OF THE SECOND COMPLETIONS OF THE SECOND COMPLETIONS OF THE SECOND COMPLETIONS OF THE SECOND COMPLETION OF THE SECOND COMPLET		Incumbent Signature				Date:	1					
BLOGGET DOVISION Aggrowed - Effective Boar of Changes in Aggroved by DHEM Date					No appro	val? Yes No]					
(one sore) Approved. Code to be Determined and Change Approved by DREM Engagement Code to be Determined and Change Approved by DREM Budget Representative Name Budget Representative Name Budget Representative Name Dudget Representative N	BUDGET DIVISION					Date:	-					
Budget Representative Name Budget Representative Signature Dute:	(date stamp)				DHRM	Date.	1					
Budget Representative Signature Date:		Disapproved					1					
		Budget Representative	Name									
		Budget Representative	Signature			Date:	1					
Note: 4. Does this position function as a lead work		Note:					1	4	Does	this position fur	nction as a lead wo	rker? W
FOR COMPLETION BY DHRM ONLY number of all positions that this position fun				RM ONLY			1		numb	er of all position	s that this position fu	unctions
INSTRUCTIONS TO If CLopitative approval required? The extent of lead worker responsibility exer APPOINTING AUTHORITY Yes, Date Aproved No Study#:				П	lo Studyi	t	1				ker responsibility ex	ercised I
Incumbent meets MC/1s: Yes No						ve Date					detail	
Use Hiring Process PCN 8 Job Code Grade Expiration Date Check annitionable houses:			Job Code	Grade	Expira	tion Date	1					
FY / Budget approval Penning	FY / Budget appro	oval Job Title					1					
and no changes to the duties Work Assignment Work Review Other: Analyst Signature Date	and no changes to the dutie	5	e			Date			□w	ork Assignment	☐ Work Review	□ Tr
Supervisor Signature Date	_	Supervisor Signa	sture			Date	1					
MR-19 (Rev \$1/1025) Page 1 HR-19 (Rev \$1/1025)	-13 (Rev 5/1/2025)	_				Page 1	1	н	R-19 (Rev S/1/20	osj		

Does this position function as a <u>supervisor?</u> What is the job title and position control number of all positions that are supervised by this position? Describe, in detail, the extent of supervisory responsibilities exercised by this position. ∀es \(\subseteq \limits \)
If yes, describe duties in detail:
Direct Supervision:
Indirect Supervision:
Check applicable boxes: Performance Appraisal Work Performance Standards Scheduling Work Assignment Work Review Discipline Final Selection Training Other (Specify):
6. What is the extent of supervision exercised over this position?
Are there any licenses, certificates, degrees, or credentials <u>required by statute</u> or <u>required by the departmentidivisionisection/unit</u> for this position?
8. Which statutes, rules, procedures, or guidelines are used in performing the duties of this position?
9. Is there any additional information which may support this classification request?
HR-13 (Rev \$112025) Page 3

Page 1 Page 2 Page 3

Legislative Review



	STATE OF NEVADA POSITION QUESTIONNAIRE	
Initiated By: Department/Division Incumbent	DHRM (date stamp)	Type of Classification Request: New Position New Position - Short Form
Type of Budget Request: Interim Budget Build Decision Unit		Reclassify Filled Position Reclassify Vacant Position Legislative Review FY

Indicate

- The request is "Department/Division" initiated
- The request is for "*Budget Build*" (before the budget appropriation)

Select Request Type

- For a position's inclusion in the department's budget build, select "Legislative Review" and enter the fiscal year (FY).
- Select "New Position", "New Position – Short Form", or "Reclassify Vacant Position"





<u>Complete the</u> <u>"Position Information"</u>

- Include PCN(s) and the number of position(s)
- Include both name and title of the Supervisor,
 Appointing Authority or Designee and HR Representative

		POSITION IN	FORMATIO	N					
DEPARTMENT / DIVISION / SECTION / UNIT									
DEPT # (3 digits)	DIVISION # (3 digits)	ION # (3 digits) BUDGET # (4 digits) POSITION CONTROL (PCN) # # OF POS						POSITI	ONS
CURRENT JOB TITLE JOB CODE GRADE									
REQUESTED JOB TITLE				JOB CODE		GRADI	E		
INCUMBENT NAME			EMAIL	•		PHON	E#		
SUPERVISOR NAME AND	TITLE		EMAIL			PHONE#			
APPOINTING AUTHORITY	OR DESIGNEE NAME A	ND TITLE	EMAIL PH			PHONE	NE#		
HUMAN RESOURCE REP	RESENTATIVE NAME AN	D TITLE	EMAIL			PHONE	E#		
	APPOINTING A	AUTHORITY/	INCUMBEN	T CERTIFICATION	ON	_			
DEPARTMENT HUMAN RESOURCE OFFICE I certify that I have read the HR-19 instructions and that the statements provided in this HR-19 and the attached organizational chart are accurate and complete to the best of my knowledge.						d the			
(date stamp)	Short Form Use Only: I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested job is listed on the HR-19 Short Form Job List.					of the job is			
	Position Duties or Changed Duties were/will be Effective Date:								
	Appointing Authority or Designee Signature Date:								
	Incumbent Signature						Date:		
	Is request being subn	nitted with De	pt/Div	knowledge?	Yes	No appro	val?	Yes	No

Certification

- Read and Complete
 the "Appointing
 Authority/Incumbent
 Certification"
- Obtain appropriate signatures

Legislative Review



Provide a detailed responses to each of the 9 questions

5. Does this position function as a <u>supervisor</u> ? What is the job title and position control number of all positions that are supervised by this position? Describe, in detail, the extent of supervisory responsibilities exercised by this position. Yes No	What is the major purpose of this request? Are there positions in the department/division/section/unit with similar duties of this position to compare to?
If yes, describe duties in detail:	
Direct Supervision: Indirect Supervision:	3. What are the duties performed by this position? Describe the duties in detail. <u>Put an asterisk (*) next to each new duty or new function within an existing duty. Note:</u> Additional duties can be added by placing the curser in the desired row and right clicking. Next select "Insert", then either "Insert Rows Delow".
Check applicable boxes: Performance Appraisal Work Performance Standards Scheduling Discipline Final Selection Training Other (Specify):	DUTY DUTY STATEMENT
6. What is the extent of supervision exercised over this position?	
7. Are there any licenses, certificates, degrees, or credentials <u>required by statute</u> or <u>required by the department/division/section/unit</u> for this position?	
8. Which statutes, rules, procedures, or guidelines are used in performing the duties of this position?	
9. Is there any additional information which may support this classification request?	
	4. Does this position function as a lead worker? What is the job title and position control number of all positions that this position functions as a lead worker for. Describe, in detail, the extent of lead worker responsibility exercised by this position. Yes
HR-13 (Rev Sr1/2025) Page 3	HR-19 (Rev \$1/12025) Page 2

Legislative Review Submittal



- Submit Budget Build Classification Requests to DHRM Classification and Compensation Section at class.comp@admin.nv.gov
 - Upload into NEBS
 - o HR-19
 - o Salary Projection
 - Current Organizational Chart(s)
 - Proposed Organizational Chart(s)
 - Applicable Documents
- Submit to DHRM Classification and Compensation Section at <u>class.comp@admin.nv.gov</u>
 - o HR-19
 - Current Organizational Chart(s)
 - Proposed Organizational Chart(s)
 - O Applicable Documents

Classification Analysis



Classification and Compensation Analyst will

- Analyze the HR-19 and attachments
- Compare duties and responsibilities to
 - Appropriate class specifications
 - o Existing positions within State service
- Work with agencies to appropriately classify the duties and responsibilities of the position(s)
- Complete the attestation form and obtain required signatures (if additional clarification is needed)
- Compose a written determination
- Submit Position Classification Study for final approval

Required Attachments

- Current organizational chart(s)
- Proposed organizational chart(s)
- Copy of work performance standards
- Legislation, board or commission minutes, new organization plan, audit findings





Provide guidance for completing and submitting an HR-19 request to reclassify an existing position

Vacant Existing Position Filled Existing Position



Classification and Compensation Section will:

- Ensure the GFO has completed the "For Completion by Budget Division Only" section of the HR-19 approving or disapproving funding
- Work with departments to ensure proper documentation, signatures, and information is completed and/or included in the request
- Assign to an Analyst for analysis
- Finalize Position Classification Study
- Provide a written determination
- Provide a completion email

Significant Change

An existing position may be reclassified ONLY when there has been a SIGNIFICANT CHANGE in the duties and responsibilities being performed which could not reasonably be expected due to the natural growth of a position allocated to that class.

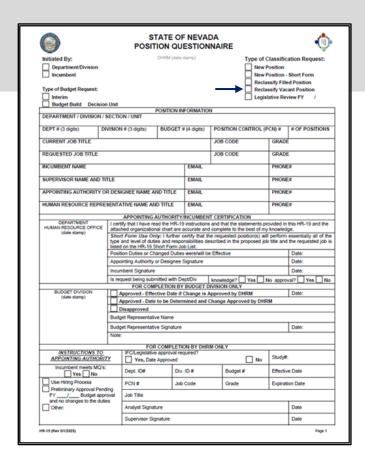


NAC 284.126(1)(b)

"Significant change" means a change in the duties and responsibilities assigned to a position in a class that:

- (1) Is outside of the scope of the class as described by the class specification;
- (2) Is not part of the scope of responsibility of the position; and
- (3) Results in the preponderance of duties and responsibilities being allocated to a different class.

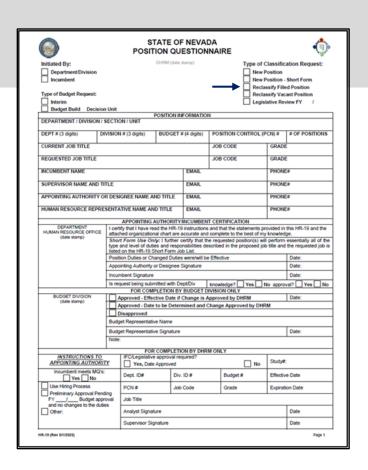
Vacant Existing Position





- The department should consider
 - o What has happened?
 - What is needed of the position?
 - What is the department trying to accomplish?
 - What are the new expectations of the position?
 - o Will other positions be affected?
- Complete and submit the HR-19 form with applicable attachments

Filled Existing Position



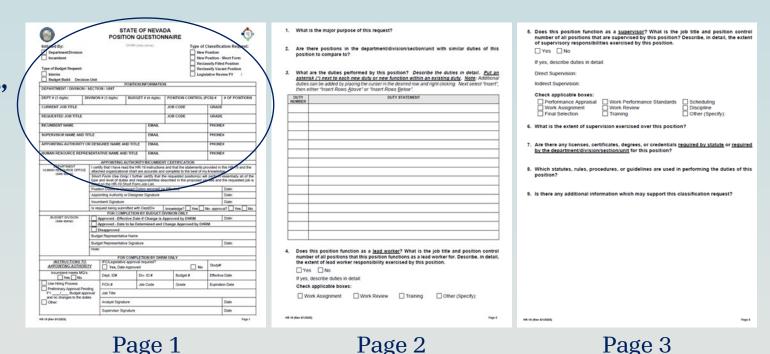


- May start with the department or incumbent
 - o What has happened?
 - What is needed of the position?
 - What is the department trying to accomplish?
 - What are the new expectations of the position?
 - o Will other positions be affected?
- Complete and submit the HR-19 form with applicable attachments

4 Steps To Complete HR-19 For Reclassification Request



- 1. Page 1 Heading
 - "Initiated by"
 - "Type of Budget Request"
 - "Type of Classification Request"
- 2. Page 1
 - "Position Information"
 - "Appointing Authority/ Incumbent Certification"
- 3. Questions 1-9 Responses
- 4. Submit HR-19 with Required Documentation





If the incumbent initiates a Reclassification Request,

Pursuant to NAC 284.130, incumbents in a classified position may submit a request to reclassify their position

	STATE OF NEVADA POSITION QUESTIONNAIRE	
Initiated By: Department/Division Incumbent Type of Budget Request: Interim Budget Build Decision Unit	DHRM (date stamp)	Type of Classification Request: New Position New Position - Short Form Reclassify Filled Position Reclassify Vacant Position Legislative Review FY

Indicate

• The request is "Incumbent" initiated

Select Request Type

- Experiencing a change in duties
 "Reclassify Filled
 - "Reclassify Filled Position"



	STATE OF NEVAD POSITION QUESTIONS	The state of the s	
Initiated By:	DHRM (date stamp)	—	Type of Classification Request:
Department/Division Incumbent			New Position New Position - Short Form
Type of Budget Request:			Reclassify Filled Position Reclassify Vacant Position
Interim			Legislative Review FY /
Budget Build Decision Unit	<u> </u>		

Indicate

- The request is "Department/Division" initiated
- Whether the request is before "Budget Build" or after "Interim" the budget appropriation

Select Request Type

Is the request to reclassify an existing position based on

- Experiencing a change in duties
 - o "Reclassify Filled Position"
 - o "Reclassify Vacant Position"
- Review of position's duties prior to budget request/approval
- "Legislative Review FY_/_"



Complete the "Position Information"

- Include PCN(s) and the number of position(s)
- Include both the name and title of the Supervisor,
 Appointing
 Authority or
 Designee, and HR
 Representative

		P	OSITION IN	FORMATIO	N			
	DEPARTMENT / DIVISION	I / SECTION / UNIT						
•	DEPT # (3 digits)	DIVISION # (3 digits)	BUDGET #	# (4 digits)	POSITION CON	TROL (PCN) #	# OF POSITIONS	
	CURRENT JOB TITLE				JOB CODE	GRADE	Ē	
	REQUESTED JOB TITLE				JOB CODE	GRADI	E	
	INCUMBENT NAME			EMAIL		PHONE	E#	
SUPERVISOR NAME AND TITLE				EMAIL		PHONE	PHONE#	
APPOINTING AUTHORITY OR DESIGNEE NAME AND TITLE			ID TITLE	EMAIL		PHONE	PHONE#	
HUMAN RESOURCE REPRESENTATIVE NAME AND TITLE				EMAIL PHON			E#	
		APPOINTING A	UTHORITY/	INCUMBEN	IT CERTIFICATION	1		
	DEPARTMENT HUMAN RESOURCE OFFIC (date stamp)	E I certify that I have rea attached organizations						
	Short Form Use Only: I further certify that the requested position(s) will perform essentially all of t type and level of duties and responsibilities described in the proposed job title and the requested job listed on the HR-19 Short Form Job List.							
		Position Duties or Cha	anged Duties	were/will be	e Effective		Date:	
		Appointing Authority o	r Designee S	Signature			Date:	
		Incumbent Signature					Date:	
		Is request being subm	itted with De	ept/Div	knowledge?	es No appro	val? Yes No.	

Certification

- Read and complete
 the "Appointing
 Authority/
 Incumbent
 Certification"
- Obtain appropriate signatures



Provide detailed responses to each of the 9 questions

1.	1. What is the major purpose of this request?						
2.	. Are there similar positions in the agency with like duties of this position to compare to?						
3.	asterisk (*) next to each new duty or new function within an existing duty. Note: Additional duties can be added by placing the curser in the desired row and right clicking. Next select "Insert", then either "Insert Rows Above" or "Insert Rows Below".						
	DUTY NUMBER		DUTY	/ STATEMENT			
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4.	numl detai	ber of all employed, the extent of lead	es that this position d worker responsibilit	r? What is the class title and position control functions as a lead worker for. Describe, in y exercised by this position.			
	_	Vork Assignment	Training	Other (Specify):			
		Vork Review	Scheduling	Carer (opecity).			
NP	D-19 (Rev 4/29	9/2024)		Page 2			

•	Does this position function as a <u>supervisor</u> ? What is the class title and position control number of all employees that are supervised by this position? Describe, in detail, the extent of supervisory responsibilities exercised by this position.
	☐ Yes ☐ No
	Direct Supervision:
	Indirect Supervision:
	Check applicable boxes: □ Performance Appraisal □ Work Performance Standards □ Scheduling □ Work Assignment □ Work Review □ Discipline □ Final Selection □ Training □ Other (Specify):
6.	What is the extent of supervision exercised over this position?
7.	Are there any licenses, certificates, degrees, or credentials <u>required by statute</u> or <u>required by the department/division/agency</u> for this position?
8.	Which statutes, rules, procedures, or guidelines are used in performing the duties of this position?
	position?

Reclassification Submittal

- Submit *Interim Classification Requests* to the Governor's Finance Office, Budget Division at budget@finance.nv.gov
- Submit Budget Build Classification Requests to DHRM Classification and Compensation Section at class.comp@admin.nv.gov
 - Upload into NEBS
 - o HR-19
 - o Salary Projection
 - Current Organizational Chart(s)
 - Proposed Organizational Chart(s)
 - o Applicable Documents
- Submit to DHRM Classification and Compensation Section at class.comp@admin.nv.gov
 - o HR-19
 - Justification Memo, if department does not support the employee driven request
 - Current Organizational Chart(s)
 - Proposed Organizational Chart(s)
 - o Applicable Documents

Reclassification Analysis



Classification and Compensation Analyst will

- Analyze the HR-19 and attachments
- Compare duties and responsibilities to
 - o original HR-19 or PDQ that established the position
 - appropriate class specifications
 - o existing positions within State service
- Conduct a position/desk audit (if needed)
- Work with the agency to appropriately classify the duties and responsibilities of the position(s)
- Complete an attestation form and obtain required signatures (if additional clarification is needed)
- Compose a written recommendation
- Submit Position Classification Study for final approval

Required Attachments

- Current organization chart(s)
- Proposed organization chart(s)
- Copy of work performance standards
- Legislation, board or commission minutes, new organization plan, audit findings



Reasons Which May Justify Reclassification

- A major function is added or removed
- Higher level of knowledge, skills, and abilities required to perform new methods
- Increased responsibility for program recommendations and decisions with a degree of authority and independence not typical of the allocated class
- A technical or clerical class that has been assigned duties that are professional in nature

Reasons Which **Do Not** Justify Reclassification

- If the position's
 - Workload increases
 - o Pay grade is too low
 - Assigned new duties and responsibilities
 which are similar in nature and complexity
 - Assigned new duties and responsibilities which are typical of lower-level positions
- If the employee's
 - o At step 10
 - o Reaching retirement
 - A star employee
 - No opportunities for promotion
 - Possesses a college degree
 - Require to learn new technologies
 - Has more experience than coworkers
 - Required to update skills to perform the same duties







Provide guidance for responding to the 9 questions contained in the HR-19



Nevada Position Description Questionnaire (HR-19) Policy

Read the Policy

- It provides guidance for completing the HR-19 form
- It details the documents needed to be included with the HR-19 form

• The proper completion of the HR-19 is critical as it allows for

- A complete determination of proper classification
- o Better job comparisons
- o Decrease the time to complete the HR-19

QUESTION 1 What is the major purpose of this request?



Summarize the Reason for the Change in Duties and Responsibilities made to an Existing Position Since Established or Last Reviewed by DHRM

- If the change is the result of legislative changes, board/commission proceedings, new organizational goals, etc.
- If additional responsibilities are given to the organization and require a new position or additional duties added to an existing position

Are there positions in the department/ QUESTION 2 division/section/unit with similar duties of this position to compare to?



Provide Position Information

- Incumbent(s) name
- Agency
- Budget account number(s)
- Position control number(s) of existing position(s) with similar or the same duties

QUESTION 3

What are the duties performed by this position? Describe the duties in detail. <u>Put</u> an asterisk (*) next to each new duty or new function within an existing duty.



Detail Each Duty/Function Required of the Position

- Provide clear and concise descriptions
- Organize similar duty functions together
- List in a logical sequence (e.g., most complex to least complex or most time consuming to least time consuming)
- Indicate new duties or functions by placing an asterisk (*) next to each new duty or new function within an existing duty

Note: Do not include work performance standards (e.g., customer service, teamwork, judgment, professionalism, etc.) or duties not currently assigned to the position.

Majority Of Duties

What are the duties performed by this position? Describe the duties in detail. <u>Put an asterisk</u> (") next to each new duty or new function within an existing duty. <u>Note:</u> Additional duties can be added by placing the curser in the desired row and right clicking. Next select "Insert", then either "Insert Rows Above" or "Insert Rows Below".

DUTY NUMBER	DUTY STATEMENT	



The classification of a position is based on the type and level of most of the duties and responsibilities assigned.

Question 3 of the HR-19 must demonstrate that the new duties affect the balance of the total duties of the position whereas the majority of the duties and responsibilities fit more appropriately in a different occupational group or job title.

QUESTION 4

Does this position function as a lead worker? What is the job title and position control number of all positions that this position functions as a lead worker for? Describe, in detail, the extent of lead worker responsibility exercised by this position.



Lead Worker Provides work assignments and work review Trains coworkers Gives input to supervisor on work performance

Provide information about the position(s) and/or contracted, volunteer, or student oversight exercised by the position.



QUESTION 5



Directly responsible for subordinate classified or unclassified positions indicated on an official organizational chart.

Responsible for developing work performance standards, conducting performance appraisals, and recommending and implementing disciplinary actions.



What is the job title and position control number of all positions that are supervised by this position? Describe, in detail, the extent of supervisory responsibilities exercised by this position.



Provide Information About the Position(s) that Report Directly to this Position

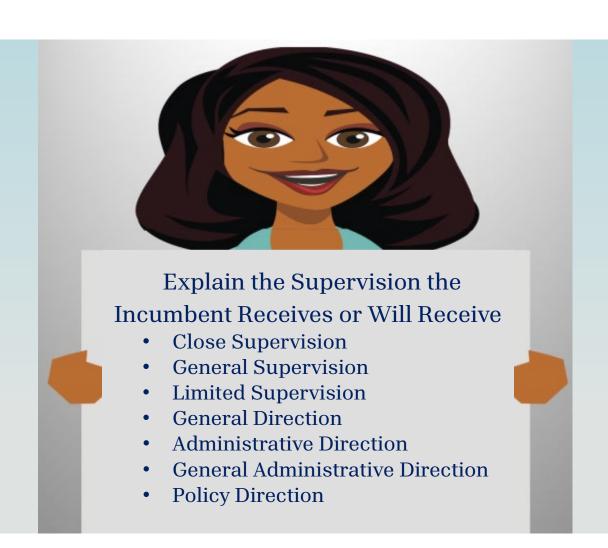
- Job Title
- Position Control Number
- Extent of Supervision Exercised

Include direct and indirect subordinate staff and oversight of others that are not indicated in the hierarchy on the organizational chart.

QUESTION 6

What is the extent of supervision exercised over this position?





QUESTION 7

Are there any licenses, certificates, degrees, or credentials <u>required by statute</u> or <u>required</u> <u>by the department/division/section/unit</u> for this position?



List the licenses, certificates, degrees, or credentials required for the incumbent to successfully perform the duties of the position.



Which statutes, rules, procedures, or QUESTION 8 guidelines are used in performing the duties of this position?





Provide a detailed list of the statutes, rules, policies, procedures, and/or guidelines required for the incumbent to perform the duties of the position.

And Finally

QUESTION 9

Is there any additional information which may support this classification request?



Provide any additional information about the position that may further clarify and support the reason for the requested job title that has not been previously mentioned.







Provide additional guidance for responding to the below questions

Question 3

Question 5

Submittal

Significant Change

Question 3

- Provide detailed duty statements
- Place an asterisk next to each new duty or function
- Refer to the work performance standards for guidance



3. What are the duties performed by this position? Describe the duties in detail. <u>Put an asterisk</u> (") next to each new duty or new function within an existing duty. <u>Note</u>: Additional duties can be added by placing the curser in the desired row and right clicking. Next select "Insert", then either "Insert Rows Above" or "Insert Rows Below".

NUMBER	DUTY STATEMENT



- Include a supervisory duty statement in question 3
- Elaborate on supervisory responsibilities exercised
- Provide job titles and PCNs of all subordinate staff



5.	Does this position function as a <u>supervisor</u> ? What is the class title and position control number of all employees that are supervised by this position? Describe, in detail, the extent of supervisory responsibilities exercised by this position.						
	☐ Yes ☐ No						
	Direct Supervision:						
	Indirect Supervision:						
	Check applicable boxes:						
	☐ Performance Appraisal ☐ Work Performance Standards ☐ Scheduling ☐ Work Assignment ☐ Work Review ☐ Discipline ☐ Final Selection ☐ Training ☐ Other (Specify):						

Significant Change



DHRM must base the classification of a position on the majority of duties assigned and not on the personal qualities of an incumbent.

The perception that a position should be reclassified after:

- Being assigned duties that were previously assigned to a higherlevel position that do not reflect most of the duties and may affect the majority of the duties of the other position.
- Being assigned new duties that are indicative of a lower-level position.



Submittal

- The position remains vacant during the classification process
- Include all documentation requested
- Have the appropriate individuals complete the documents
- Follow the proper process
- Provide enough detail about the position and its duties and responsibilities

Recap

Reasons Which **Do Not** Justify Reclassification



- Workload increases
- o Pay grade is too low
- Assigned new duties and responsibilities which are similar in nature and complexity
- Assigned new duties and responsibilities which are typical of lower-level positions

• If the employee's

- o At step 10
- o Reaching retirement
- o A star employee
- No opportunities for promotion
- Possesses a college degree
- Require to learn new technologies
- Has more experience than coworkers
- Required to update skills to perform the same duties



Accelerated Rate or Adjustment to Salary Request





If the department plans to do the following

- Seek funding to hire a candidate at a higher step in the assigned grade
 - Meet difficult recruitment problem.
 - Hire a person with superior qualifications
 - Maintain an equitable relationship between employees for reasons other than seniority

Then follow the process for



Accelerated Salary Request (HR-4)

ACCELERATED SALARY REQUEST POSITION INFORMATION DEPARTMENT: AGENCY ID # (3 digits): DIVISION: BUDGET # (4 digits): GEOGRAPHIC LOCATION OF POSITION: CANDIDATE/EMPLOYEE NAME: JOB TITLE: JOB CODE: POSITION CONTROL #: GRADE: PROPOSED STEP: PROPOSED EFFECTIVE DATE: BASIS AND JUSTIFICATION OF REQUEST					
DEPARTMENT: DIVISION: BUDGET # (4 digits): GEOGRAPHIC LOCATION OF POSITION: CANDIDATE/EMPLOYEE NAME: JOB CODE: POSITION CONTROL #: GRADE: PROPOSED STEP: PROPOSED EFFECTIVE DATE: BASIS AND JUSTIFICATION OF REQUEST					
DIVISION: BUDGET # (4 digits): GEOGRAPHIC LOCATION OF POSITION: CANDIDATE/EMPLOYEE NAME: JOB CODE: FOSITION CONTROL #: GRADE: PROPOSED STEP: PROPOSED EFFECTIVE DATE: BASIS AND JUSTIFICATION OF REQUEST					
GEOGRAPHIC LOCATION OF POSITION: CANDIDATE/EMPLOYEE NAME: JOB CODE: POSITION CONTROL #: GRADE: PROPOSED STEP: PROPOSED EFFECTIVE DATE: BASIS AND JUSTIFICATION OF REQUEST					
CANDIDATE/EMPLOYEE NAME: JOB TITLE: JOB CODE: POSITION CONTROL #: GRADE: PROPOSED STEP: PROPOSED EFFECTIVE DATE: BASIS AND JUSTIFICATION OF REQUEST					
JOB TITLE: JOB CODE: POSITION CONTROL #: GRADE: PROPOSED STEP: PROPOSED EFFECTIVE DATE: BASIS AND JUSTIFICATION OF REQUEST					
GRADE: PROPOSED STEP: PROPOSED EFFECTIVE DATE: BASIS AND JUSTIFICATION OF REQUEST					
BASIS AND JUSTIFICATION OF REQUEST					
_					
Meet difficult recruitment problem:					
AGENCY FISCAL REPRESENTATIVE DATE					
DEPARTMENT DIRECTOR OR DESIGNEE DATE					
AGENCY HUMAN RESOURCES REPRESENTATIVE DATE					
GOVERNOR'S FINANCE OFFICE COMPLETION Comment:					
I certify that the adjustment is financially feasible through the current biennium. APPROVED DISAPPROVED					
BUDGET ANALYST DATE					
DIVISION OF HUMAN RESOURCE MANAGEMENT COMPLETION APPROVED Effective Date: DISAPPROVED					
DHRM ADMINISTRATOR OR DESIGNEE DATE					

If the department plans to do the following

- Seek funding to temporarily adjust a State employee's salary
 - Working Out of Class
 - Performing Bilingual or Sign Language
 Duties
 - Supervising Three or More Staff
 - Performing Custodial Work That Includes Bodily Waste Cleanup
 - o Formal Training Program
 - Motorcycle Officer
 - o Authorized by Legislature

Then follow the process for



Temporary Adjustment To Salary Request (HR-5)

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION DIVISION OF HUMAN RESOURCE MANAGEMENT
TEMPORARY ADJUSTMENT TO SALARY REQUEST
Select Request Type: New Request: Extension: What is this request covered under? NAC CBA Select one
Department: Home Org: Division:
Employee Name: Employee ID: PCN #:
Job Code: Job Title: Grade:
Date Duties Assumed:
Basis of Request: Review NAC 284.206 or applicable CBA for qualifying conditions
Temporary salary adjustment for working out side of job title (Acting Pay), this does not constitute a promotion Increase Soloct Ono
Vacant Position: Job Code Job Title PCN
Performied duties that have been recognized through the classification process as being at a higher level, but the incumbent does not meet the job's minimum qualifications
Required to use bilingual skills or sign language per NAC or CBA
Supervising other employees of the same or higher grade and supervision is not provided for in the job specification
Required regularly to perform custodial work and clean up human bodily waste in a medical, clinical, or inpatient facility
Conducting a formal training program for employees in an occupational job series
Law enforcement officer assigned to motorcycle dusy Select One
Other Adjustments authorized by the Legislature or CBA Select One
APPOINTING AUTHORITY CERTIFICATION
I certify the information provided in this document and in the attachment is accurate. 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, when the conditions justifying it cease to exist.
Department Director Signature Date Employee Signature Date
Human Resources Representative Signature Date
DIVISION OF HUMAN RESOURCE MANAGEMENT COMPLETION
□ APPROVED □ DISAPPROVED Effective Date
Comments
Or When Justifying Conditions Cease to Exist
Administrator or Designee Signature Date
APPROVED HR-5'S MUST BE ATTACHED TO RECORDS FORM (ESMT-A).
IR-5 (Rev 5/2025)





Provide guidance for completing and submitting a HR-4 form

Difficult to Recruit
Hiring an Applicant with Superior Qualifications
Equity

Accelerated Salary Request

- This compensation process is utilized by a department or DHRM to request an adjustment of steps within same grade for a new hire to a classified position, per NAC 284.204.
- New State employees are generally hired at step 1 of the related salary range. However, it is possible to be hired at a higher step within a salary range, depending on the candidate's experience and education.
- A request for an accelerated salary should be made on the following basis: 1) difficult to recruit for a job title, 2) superior qualifications of a new hire, or 3) equity.



ACCELERATED SALARY REQUEST					
		POSITIO?	NINFORMATION		
DEPARTMENT:					Y ID # (3 digits):
DIVISION:				BUDGE	T # (4 digits):
	OCATION OF POSITIO	N:			
CANDIDATE/EN JOB TITLE:	IPLOYEE NAME:		JOB CODE:	DOCUTIO	ON CONTROL #:
GRADE:	PROPOSED STE	p.		FECTIVE DATE:	ON CONTROL#.
OLUMB.	TROTOSED STE		FICATION OF REO		
Maintai	son with superior qualifier an equitable relationship MUST be approved price	p between employees		-	t be filled prior to receipt o
I certify that I ha	e considered the salary r	equirements and quali	HORITY CERTIFIC	ATION	the adjustment is financiall
I certify that I have feasible over the		equirements and quali	HORITY CERTIFIC	ATION	
I certify that I has feasible over the o	re considered the salary r current biennium, and wil	equirements and quali I maintain accurate re	HORITY CERTIFIC	ATION persons, ensured that t	
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Any request for an adjustment of steps must be **approved** prior to making a firm job offer at an accelerated rate.

Basis of HR-4 Request



Refer to NAC 284.204 for Qualifying Conditions

Difficult to Recruit



Applicant with Superior Qualifications



Equity



- As a result of an open and competitive recruitment that produces less than five eligible candidates who are available.
- If the job title is deemed by DHRM Recruitment historically difficult to fill and maintained on a list.

 If a candidate has experience or education that is superior to all other eligible candidates interviewed. Maintain an equitable
 relationship between current
 employees for reasons other
 than seniority.





- 1. "Position Information"
- 2. "Basis and Justification of Request"
- 3. "Appointing Authority Certification"
- 4. Detailed Justification memo
- 5. HR-4 Salary Projections

	/			POSITIO	N INFORMATION		$\overline{}$
ΣE	PARTMENT:						AGENCY ID # (3 digits)
DIA	VISION:						BUDGET # (4 digits):
GE	OGRAPHIC LO	CATION O	F POSITION:			•	
	NDIDATE/EMP	LOYEE NA	AME:				
	B TITLE:				JOB CODE:		POSITION CONTROL
GR	ADE:	PROPO	OSED STEP:		PROPOSED EF		ATE:
Not	Hire person	n with super in equitable		ns. tween employees	for reasons other than		ion cannot be filled prior
Note: This request MUST be approved prior to making a job offer at an accelerated rate. The position cannot be filled prior to recei approval.							
Ice	roval. ertify that I have	considered t	APP	POINTING AUT	HORITY CERTIFIC	ATION	sured that the adjustment is
I ce fea:	roval. ertify that I have	considered t rent bienniu EPRESENTA	APP the salary requirem, and will man	POINTING AUT	THORITY CERTIFIC	ATION	
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I ce fea:	proval. In the state of the current	considered to the tent bienniu EPRESENTA ECTOR OR E ESOURCES VERNOR' ustment is fi	APP the salary requirem, and will many many will many many will many many many many many many many many	FOINTING AUT rements and qual intain accurate re FIVE DEFICE COMP ble through the co	HORITY CERTIFIC iffications of all eligible ecords of this request.	DATE	arred that the adjustment is
I ce fear	proval. In the state of the current	considered to rent bienniu EPRESENTA ECTOR OR E ESOURCES WERNOR' ustment is fi	APP the salary requirem, and will main and will be salary and	FOINTING AUT rements and qual intain accurate re FIVE DEFICE COMP ble through the co	HORITY CERTIFIC infications of all eligible secords of this request. LETION DATE ST COMPLETION	DATE DATE DATE Comm	arred that the adjustment is

ni ni	STATE OF N						
DIVISION OF HUMAN RESOURCE MANAGEMENT							
	HR-4 Salary Pro	pjection					
Budget Account (Unit)							
Budget Account Name							
Date							
Projection							
Total Expended YTD		As of:					
Projected Remaining							
Total Projected Cost	\$0						
Budget							
Leg Approved Authority		Original legislatively approved Cat 01 budget authority					
Approved Work Program / Adjustments							
Total Approved Adjustments	\$0						
Current Budget	\$0	DAWN authority					
Pending Work Program / Adjustments							
D 11 - A 11	\$0						
Pending Adjustments	\$0						
Projected Authority	\$0						
Under / (Over) Budget	\$0	s/b > \$0					
% Under / (Over)	n/a						
Agency Fiscal Name							



POSITION INFORMATION					
DEPARTMENT:			AGENCY ID # (3 digits):		
DIVISION:			BUDGET # (4 digits):		
GEOGRAPHIC LOCATION OF POSITION:					
CANDIDATE/EMPLOYEE NAME:					
JOB TITLE:		JOB CODE:	POSITION CONTROL #:		
GRADE:	PROPOSED STEP:	PROPOSED EFFECT	IVE DATE:		

Complete the "Position Information"

• It's the department's responsibility to complete this section with the most current information reflected in HR Data Warehouse

If a correction needs to be made in "Position Information," the packet will be returned to the department for their corrections.



Basis and Justification of Request

- Select the appropriate box to reflect the most applicable basis of request
- Refer to NAC 284.204 for qualifying conditions
- Note that the position cannot be filled prior to receipt of approval

	BASIS AND JUSTIFICATION OF REQUEST					
	Meet difficult recruitment problem:					
	 Recruitment produced less than five eligible persons who are available. 					
	Recruitment deemed historically difficult.					
	Hire person with superior qualifications.					
	Maintain an equitable relationship between employees for reasons other than seniority.					
Note: Ti	his request MUST be <u>approved</u> prior to making a job offer at an accelerated rate. The position cannot be filled prior to receipt of					

All requests must ensure that the candidate is selected and hired from an open competitive recruitment.



Certification

- Read and complete the "Appointing Authority/Incumbent Certification"
- Obtain appropriate signatures

APPOINTING AUTHORITY O	CERTIFICATION				
<i>I certify that I</i> have considered the salary requirements and qualifications of all eligible persons, ensured that the adjustment is financially feasible over the current biennium, and will maintain accurate records of this request.					
FISCAL REPRESENTATIVE	DATE				
DEPARTMENT DIRECTOR OR DESIGNEE	DATE				
HUMAN RESOURCES REPRESENTATIVE	DATE				



Joe Lombardo Governor



Joy Grimmer Director

Bob Rager Deputy Director

Bachera Washington

STATE OF NEVADA DEPARTMENT OF ADMINISTRATION

Division of Human Resource Management 515 E. Musser Street, Suite 101 | Carson City, Nevada 89701 Phone: (775) 684-0150 | http://hr.nv.gov | Fax: (775) 684-0958

MEMORANDUM

March 7, 2025

Bachera Washington, Administrator Division of Human Resource Management

FROM:

Keisha Harris, Deputy Administrator Division of Human Resource Management

SUBJECT: HR-4 for John Doe

The Department of Administration, Division of Human Resource Management, wishes to accelerate John Doe, Personnel Technician II, due to their fourteen years of relevant Human Resources experience to the Division. Pursuant to NAC 284.204, Section 1. (b), the Department of Administration is requesting an accelerated salary to a Grade XX, Step X effective on date of hire due to this candidate's superior qualifications.

Attached to this memo is Mr. Doe's HR-4 request and HR-4 Salary Projections completed using the template provided.

Thank you for your consideration.

The justification memo must be addressed to the current DHRM Administrator and include a detailed justification supporting the basis checked on the HR-4. It should also identify dated recruitment efforts and candidate qualifications.



STATE OF NEVADA DEPARTMENT OF ADMINISTRATION DIVISION OF HUMAN RESOURCE MANAGEMENT HR-4 Salary Projection							
Budget Account Name							
Date							
Projection							
Total Expended YTD		As of:					
Projected Remaining							
Total Projected Cost	\$0						
Budget							
Leg Approved Authority		Original legislatively approved Cat 01 budget authority					
Approved Work Program / Adjustments							
Total Approved Adjustments	\$0						
Current Budget	\$0	DAWN authority					
Pending Work Program / Adjustments							
Pending Adjustments	\$0						
Projected Authority	\$0						
Projected Authority	30						
Under / (Over) Budget	\$0	s/b > \$0					
% Under / (Over)	n/a						
Agency Fiscal Name							
Agency Fiscal Approval (Signature)							
HR-4 Salary Projection (Est. 1-31-25)							

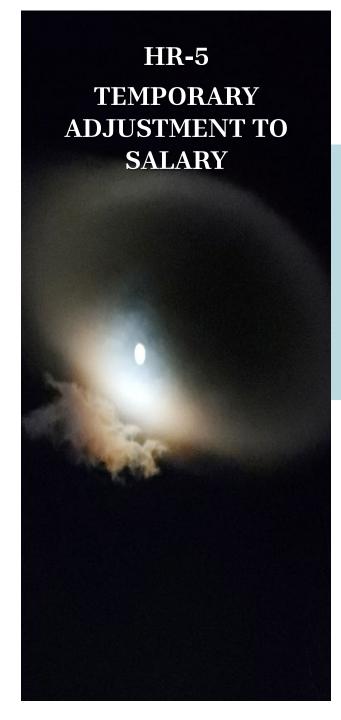
Salary Projections

- The HR-4 Salary Projections template provided by GFO must be completed and signed by the department's fiscal staff
- The form must be scanned/attached with the HR-4 form



- The department will submit the completed HR-4 packet electronically to DHRM Classification and Compensation email class.comp@admin.nv.gov
 - o HR-4 form
 - o HR-4 Salary Projections
 - Detailed Justification Memo
- DHRM will log and review the request. The HR-4 packet will be sent to the GFO for approval or denial of funding
- A copy will then be forwarded to the Department HR Representative with the approval or denial
 - If <u>approved</u>, the Department HR Representative can move forward and offer the candidate employment at the approved salary step. The Department HR Representative must attach a copy of the HR-4 to the ESMT-A and submit to Central Records to retain in the employee's personnel file.
 - If <u>denied</u>, the Department HR Representative can move forward and offer the candidate employment at a step 1 in the salary range.

HR-4 Submittal





Provide guidance for completing and submitting a HR-5 form

Working Out of Class
Performing Bilingual or Sign Language Duties
Supervising Three or More Staff
Performing Custodial Work That Includes Bodily Waste Cleanup
Formal Training Program
Motorcycle Officer
Authorized by Legislature

Temporary Adjustment to Salary Request (HR-5)

- This compensation process is utilized by a department, the incumbent, or DHRM to request a temporary adjustment to salary of a current State employee in a classified position, per NAC 284.206
- A request for temporary adjustment of a salary should be made for one of the following conditions: 1) working out of class; 2) performing bilingual or sign language duties; 3) supervising at least three or more people, one of which is at the same grade or higher; 4) performing custodial work that includes bodily waste cleanup; 5) conducting formal training; 6) assigned to law enforcement motorcycle duty; or 7) legislatively authorized to work in a rural location, work with a K-9, work out of state, perform complex investigations, work in the CERT Team or perform as a Public Information Officer
- DHRM will log, review, and forward the request to DHRM Administrator or Designee for review and determination



STATE OF NEVADA DEPARTMENT OF ADMINISTRATION	
DIVISION OF HUMAN RESOURCE MANAGEMENT	
TEMPORARY ADJUSTMENT TO SALARY REQUEST	
Select Request Type: New Request: Extension: What is this request covered under? NAC CBA Soloct one	
Department: Home Org: Division:	
Employee Name: Employee ID: PCN #:	
Job Code: Job Title: Grade:	
Date Duties Assumed:	
Basis of Request: Review NAC 284.206 or applicable CBA for qualifying conditions	_
Temporary salary adjustment for working out side of job title (Acting Pay), this does not constitute a promotion Increase Solect Ono	ı
Vacant Position: Job Code Job Title PCN	ı
Performied duties that have been recognized through the classification process as being at a higher level, but the incumbent does not meet the job's minimum qualification	ons
Required to use bilingual skills or sign language per NAC or CBA	
Supervising other employees of the same or higher grade and supervision is not provided for in the job specification	
Required regularly to perform custodial work and clean up human bodily waste in a medical, clinical, or inputient facility	
Conducting a formal training program for employees in an occupational job series	
Law enforcement officer assigned to motorcycle duty Select One	
Other Adjustments authorized by the Legislature or CBA Select One	
APPOINTING AUTHORITY CERTIFICATION	
I certify the information provided in this document and in the attachment is accurate. I agree to have the adjustment removed when it expires per NAC 284.3	106
(1)(a) or, if approved pursuant to another subsection of the regulation, when the conditions justifying it cease to exist.	.00
Department Director Signature Date Employee Signature Date	
Human Resources Representative Signature Date	
	=
DIVISION OF HUMAN RESOURCE MANAGEMENT COMPLETION	
APPROVED DISAPPROVED Effective Date	
Expiration Date	
Comments Or When Justifying Conditions Cease to Exist	
Administrator or Designee Signature Date	
APPROVED HR-5'S MUST BE ATTACHED TO RECORDS FORM (ESMT-A). HR-5 (Rev 5/2025)	
mes (not states)	

Basis of HR-5 Request



Refer to NAC 284.206 or Related CBA for Qualifying Conditions

Working Out of Class



Bilingual or Sign Language Skills



Supervising Three or More Staff



- Incumbent is temporarily performing
 all the duties and responsibilities of a
 vacant position or a position where the
 incumbent is out on administrative,
 maternity, or extended leave
- Position must be classified at a higher grade and the incumbent must perform the duties and responsibilities for at least 16 consecutive working days.

- Incumbent is required to use bilingual or sign language skills at least 10% or more of their on-duty time
- Incumbent must directly supervise a minimum of three filled positions, one of which is at the same grade or higher

Basis of HR-5 Request

(continued)



Custodial Work



Formal Training Program



- Incumbent performs custodial work that includes the cleanup of human bodily waste in a medical, clinical, or inpatient facility
- Incumbent conducts a formal training program for specific occupational series
- The training program must
 - > Be conducted weekly
 - ➤ Consist of on the job and in the classroom training or only classroom training
 - ➤ Include a test to determine progress in the program
 - ➤ Result in the award of a certificate of completion or advancement in a job title series to the base level

Basis of HR-5 Request

(continued)



Motorcycle Officer



Authorized by Legislature



- Law enforcement officer assigned to motorcycle duty
 - ➤ NAC 5%
 - ➤ NPU 10%

Working:

- Complex Investigations NAC 5%
- Out-of-State NAC 10%
- In Rural areas NAC 5%
- Law enforcement officer assigned to work with a K-9 NAC 5%
- Law enforcement officer assigned to work with a K-9 NPU 10%
- Community Emergency Response Teams (CERT Team) NPU 5%
- Public Information Officer NPU 5%



4 Steps To Complete HR-5 Form

- 1. Heading 1 section
- 2. "Basis of Request"
- 3. "Appointing Authority Certification"
- 4. Detailed Justification memo

	STATE OF NEVADA DEPARTMENT OF ADMINISTRATION DIVISION OF HUMAN RESOURCE MANAGEMENT							
	TEMPORARY ADJUSTMENT TO SALARY REQUEST							
Select Request Type: New Request:	Extension: What is this request covered under? NAC CBA Select	one						
Department:	Home Org: Division:							
Employee Name:	Employee ID: PCN #:							
Job Code:	Job Title: Grade:							
Date Duties Assumed:								
Basis of	Request: Review NAC 284,206 or applicable CBA for qualifying conditions							
Temporary salary adjustment for working out	side of job title (Acting Pay), this does not constitute a promotion Increase Select One							
Vacant Position: Job Code	Job Title PCN							
Performied duties that have been recognized	I through the classification process as being at a higher level, but the incumbent does not meet the job's mi	nimum qualifications						
Required to use bilingual skills or sign language	ge per NAC or CBA							
Supervising other employees of the same or hi	gher grade and supervision is not provided for in the job specification							
Required regularly to perform custodial work	and clean up human bodily waste in a medical, clinical, or inpatient facility							
Conducting a formal training program for emp	loyees in an occupational job series							
Law enforcement officer assigned to motorcyc	de duty Select One							
Other Adjustments authorized by the Legislature or CBA Select One								
APPOINTING AUTHORITY CERTIFICATION I certify the information provided in this document and in the attachment is accurate. I agree to have the adjustment removed when it expires per NAC 284.206								
(1)(a) or, if approved pursuant to another subs	(1)(a) or, if approved pursuant to another subsection of the regulation, when the conditions justifying it cease to exist.							
Department Director Signature	Date Employee Signature Date							
Human Resources Representative Signature	Date							



Select Request Typ	pe: New Request: Extension: V	What is this request covered under	r? NAC CBA Select one
Department:	Home Org	;:	Division:
Employee Name:	Employee ID):	PCN #:
Job Code:	Job Title	:	Grade:
Date Duties Assumed:			

Identify the type of request in the "Select Request Type"

• This section must be completed the most current information reflected in HR Data Warehouse

- A CBA request is identified through Labor Relations as a collective bargaining unit.
- Requests covered under NAC 284.206 are NAC requests



Basis of Request

- Select the appropriate box to reflect the most applicable basis of request
- Refer to NAC 284.206 or applicable CBA for qualifying conditions

Basis of Request: Review NAC 284.206 or applicable CBA for qualifying conditions						
	Temporary salary adjustment for working out side of job title (Acting Pay), this does not constitute a promotion Increase Select One					
	Vacant Position: Job Code Job Title PCN					
	Performied duties that have been recognized through the classification process as being at a higher level, but the incumbent does not meet the job's minimum qualifications					
	Required to use bilingual skills or sign language per NAC or CBA					
	Supervising other employees of the same or higher grade and supervision is not provided for in the job specification					
	Required regularly to perform custodial work and clean up human bodily waste in a medical, clinical, or inpatient facility					
	Conducting a formal training program for employees in an occupational job series					
	Law enforcement officer assigned to motorcycle duty Select One					
	Other Adjustments authorized by the Legislature or CBA Select One					



Certification

- Read and complete the
 "Appointing
 Authority/ Incumbent
 Certification"
- Obtain appropriate signatures

APPOINTING AUTHORITY CERTIFICATION							
I certify the information provided in this document and in the attachment is accurate. 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, when the conditions justifying it cease to exist.							
Department Director Signature	Date	Employee Signature	Date				
Human Resources Representative Signature	Date						



Joe Lombardo Governor



Joy Grimmer Director

Bob Rager Deputy Director

Bachera Washington
Administrator

STATE OF NEVADA DEPARTMENT OF ADMINISTRATION

Division of Human Resource Management
515 E. Musser Street, Suite 101 | Carson City, Nevada 89701
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MEMORANDUM

March 7, 2025

Bachera Washington, Administrator

Division of Human Resource Management

FROM: Keisha Harris, Deputy Administrator

Division of Human Resource Management

SUBJECT: HR-5 for Jane Doe

The Department of Administration, Division of Human Resource Management, would like to request that Jane Doe, who is a Human Resource Technician I, receive a 5% temporary salary adjustment for working out of class. Ms. Doe assumed the job duties of a Human Resource Analyst II on January 14, 2025 when the previous incumbent was on extended leave, and ultimately vacated the position on February 2, 2025. Pursuant to NAC 284.206, Section 2. (a), Ms. Doe continues to perform the job duties while the department works to fill the vacancy. The Division is respectfully a temporary salary adjustment of 5% for Ms, Doe.

Thank you for your consideration.

Justification Memo

- Addressed to the current DHRM Administrator
- Include detailed justification to support the request



HR-5 Submittal

- Submit HR-5 packet to DHRM Classification and Compensation email at class.comp@admin.nv.gov
 - o HR-5 form
 - o Detailed Justification Memo
 - Additional Supporting Documents if applicable
- DHRM will forward the approval or denial to the Department HR Representative
 - If <u>approved</u>, a copy will be forwarded to the Budget Division for their acknowledgement
- Department HR Representative must attach a copy of the HR-5 to the ESMT-A and submit to Central Records





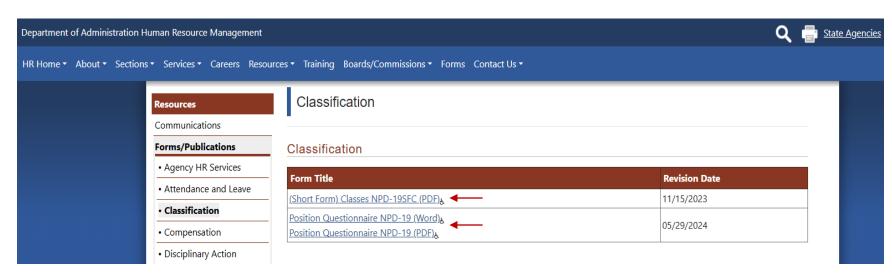
HR-19 Form

https://hr.nv.gov/Resources/Forms/Classification/Classification/



Short Form Class List

https://hr.nv.gov/Resources/Forms/Classification/Classification/







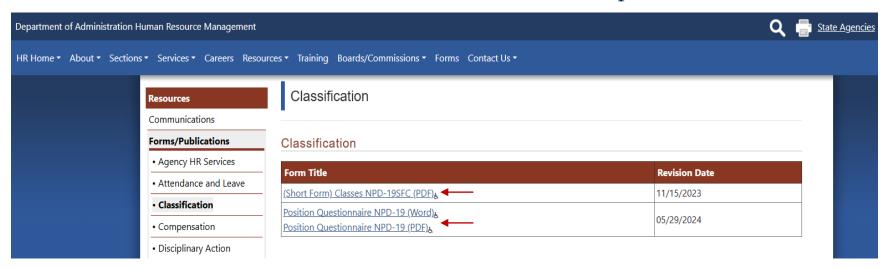
HR-19 Information

https://hr.nv.gov/Sections/Classification/HR-19_Information/



Job Classification, A Guide to the HR-19 Desk Audit Process

https://hr.nv.gov/uploadedFiles/hrnvgov/Content/Resources/Publications/ JobClassificationDeskAudit.pdf







HR-4 Form and HR-4 Salary Projections

https://hr.nv.gov/Resources/Forms/Compensation/Compensation/



https://hr.nv.gov/Resources/Forms/Compensation/Compensation/

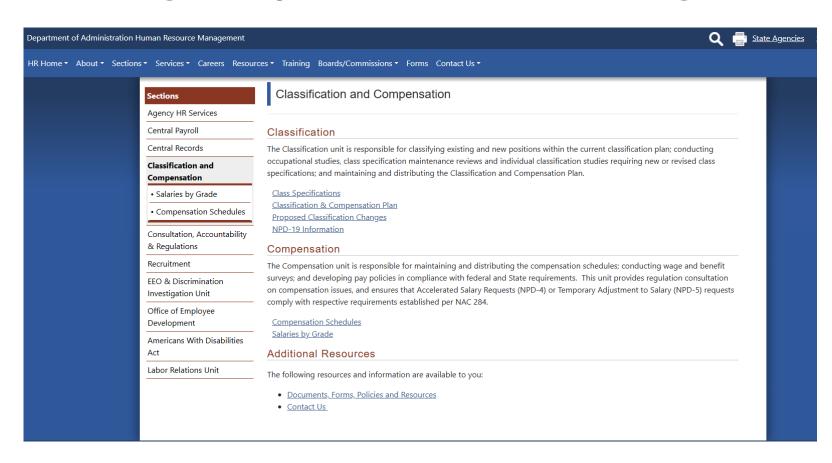






Classification and Compensation Section

https://hr.nv.gov/Sections/Classification_and_Compensation/



Classification and Compensation Section

class.comp@admin.nv.gov



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