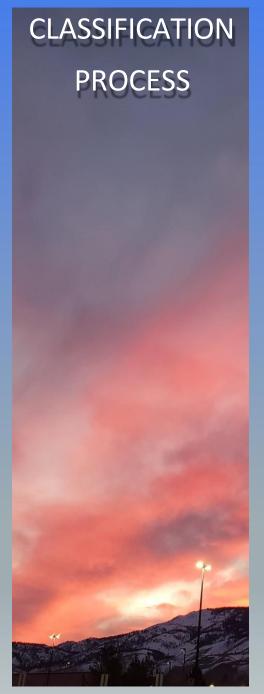
NEVADA POSITION DESCRIPTION QUESTIONNAIRE (NPD-19)

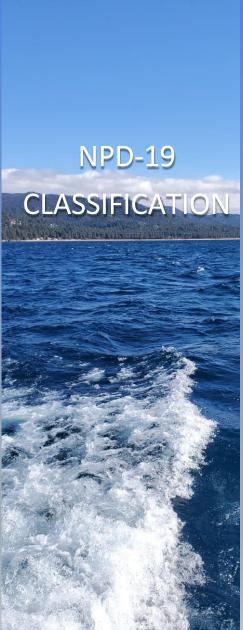


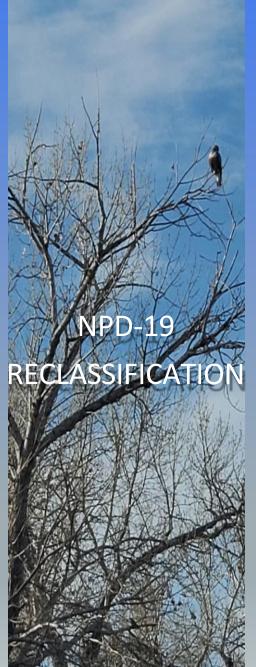
Guidance

Our goal is to provide guidance for State employees to confidently complete and submit an NPD-19 form.



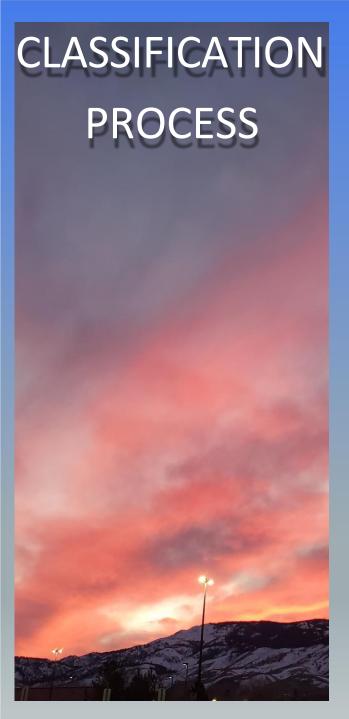














Goal:

Provide guidance for the classification process.

- Position Classification
 - Position Funding

Documents Related to Classified Positions

Work Performance Standards

- Work Performance Expectations
- Current Duties and Responsibilities
- Utilized for Performance Evaluations

Classified Position

NPD-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

Class Specification

General Duties and Responsibilities of a Class/Series

POSITION CLASSIFCATION



The purpose of the position classification process is to ensure that positions assigned like duties and responsibilities are consistently and appropriately classified within 1 of 13 occupational groups.





- 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 Position Questionnaire (NPD-19) form to document and establish 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 (NPD-19) The classification process should be utilized when a new position is established or when an existing position experiences significant change in duties and responsibilities which alters the basic mission or purpose of the position to the degree that it no longer meets the class to which it is assigned, per Nevada Administrative Code (NAC) 284.126(1b).



NEVADA POSITION DESCRIPTION QUESTIONNAIRE (NPD-19) The Position Questionnaire (NPD-19) form is to be submitted for positions in the CLASSIFIED service only.

- Do not submit an NPD-19 for unclassified positions, contracted positions, or members of boards or commissions.
- Do not submit an NPD-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, or all of the 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



Roles in completing and submitting an NPD-19 to DHRM

- Incumbent
- Supervisor/Manager
- Appointing Authority
- Human Resource Staff
- Governor's Finance Office (GFO) / Legislature



Incumbent

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

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



Supervisor/Manager

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

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



Appointing Authority

The individual authorized to make decisions for the agency/department and approves or disapproves an NPD-19 request.

The agency/department director or individual given delegated authority to sign the NPD-19 on the behalf of the director. The appointing authority approves or disapproves the NPD-19 request. If disapproved, the appointing authority is to provide a memo detailing the reason for disapproving.



Agency Human Resource Staff

The individual responsible for providing guidance and assistance to the employees of an agency/department relating to human resource services such as, recruitment, hiring, leave, grievances, and other personnel services. This includes assisting with the completion and submittal of the NPD-19 form.

Position Funding



(3)	STATE OF POSITION QU	F NEVADA ESTIONNAIR	ι E	•
nitiated By: Agency Employee Interim Budget Build Decision	on Unit		New F New F Recla	Classification Request Position Position - Short Form ssify Filled Position ssify Vacant Position lative Review FY /
DEPARTMENT/DIVISION/A		NFORMATION		DIVISION OF
PEI ARTIMENTIDIVISIONIA	OLNO I SECTION.			HUMAN RESOURCE MANAGEMENT
GENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	ROL#:	date stamp
CURRENT CLASS TITLE:		CLASS CODE:	GRADE:	
REQUESTED CLASS TITLE	Ē,	CLASS CODE:	GRADE:	+
NCUMBENT NAME:		EMAIL:		PHONE#:
SUPERVISOR NAME AND	TITLE:	EMAIL:		PHONE#:
APPOINTING AUTHORITY	OR DESIGNEE NAME AND TITLE:	FMAII ·		PHONE#:
HUMAN RESOUCE REPRE	SENTATIVE NAME AND TITLE:	EMAIL:		PHONE#:
				10
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further	19 instructions and th are accurate and com- certify that the reque-	nat the statements property to the best of steel position(s) will	f my knowledge. I perform essentially all of th
PERSONNEL OFFICE	I certify that I have read the NPD- the attached organizational chart	19 instructions and th are accurate and com- certify that the reque- nsibilities described in Class List.	nat the statements properties to the best of steel position(s) will not the proposed job	f my knowledge. I perform essentially all of the title and the requested class Date:
PERSONNEL OFFICE	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo listed on the NPD-19 Short Form	19 instructions and the are accurate and comportify that the requestibilities described in Class List.	nat the statements properties to the best of steel position(s) will not the proposed job	f my knowledge. I perform essentially all of title and the requested class
PERSONNEL OFFICE	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo- listed on the NPD-19 Short Form Position Duties or Changed Dutie	19 instructions and the are accurate and comportify that the requestibilities described in Class List.	nat the statements properties to the best of steel position(s) will not the proposed job	f my knowledge. I perform essentially all of the title and the requested class Date:
PERSONNEL OFFICE	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee	19 instructions and the are accurate and com- certify that the reque- nsibilities described in Class List. s were/will be Effective Signature:	nat the statements in plete to the best of sted position(s) will in the proposed job re:	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date:
PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature:	19 instructions and the are accurate and composition or certify that the requestibilities described in Class List. so were/will be Effectiv Signature: th agency: knowled the knowled agency: knowled the area of the area of the composition of the area of the	nat the statements in plete to the best of steep position(s) will in the proposed job re: dge? Yes 1	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date:
PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi FOR COMPLETION B Approved - Effective Date if	19 instructions and the are accurate and com- certify that the requenciabilities described in Class List. s were/will be Effective Signature: the agency: knowleter BUDGET DIVISION Change is Approve-	nat the statements in plete to the best o sted position(s) will not the proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions.	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date: No approval? Yes No
PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi POR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter	19 instructions and the are accurate and com- certify that the requenciabilities described in Class List. s were/will be Effective Signature: the agency: knowleter BUDGET DIVISION Change is Approve-	nat the statements in plete to the best o sted position(s) will not the proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions.	f my knowledge. Il perform essentially all of the title and the requested class Date: Date: Date: Date: No approval? Yes No
PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo- listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved	19 instructions and the are accurate and com- certify that the requenciabilities described in Class List. s were/will be Effective Signature: the agency: knowleter BUDGET DIVISION Change is Approve-	nat the statements in plete to the best o sted position(s) will not the proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions.	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date: Date: No approval? Yes N
PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved Budget Representative Name:	19 instructions and the are accurate and com- certify that the reque- nsibilities described in Class List. s were/will be Effectiv Signature: th agency: knowled BUDGET DIVISION Change is Approve- mined and Change.	nat the statements in plete to the best o sted position(s) will not the proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions.	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date: Date: No approval? Yes N Date: Date: Date: Page N Date:
PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo- listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved	19 instructions and the are accurate and com- certify that the reque- nsibilities described in Class List. s were/will be Effectiv Signature: th agency: knowled BUDGET DIVISION Change is Approve- mined and Change.	nat the statements in plete to the best o sted position(s) will not the proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions and the proposed job versions are proposed job versions.	f my knowledge. Il perform essentially all of the title and the requested class Date: Date: Date: Date: No approval? Yes No
PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved Budget Representative Name: Budget Representative Signature Note:	19 instructions and the are accurate and com- certify that the reque- nsibilities described in Class List. s were/will be Effectiv Signature: th agency: knowled BUDGET DIVISION Change is Approve- mined and Change.	nat the statements in plete to the best or sted position(s) will in the proposed job ve: dge? Yes 1 ONLY d by DHRM Approved by DHR	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date: Date: No approval? Yes N Date: Date: Date: Page N Date:
PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further- type and level of duties and respo- listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved Budget Representative Name: Budget Representative Signature Note: FOR COMPLETI	19 instructions and there accurate and com- certify that the requenciabilities described in Class List. s were/will be Effectiv Signature: th agency: knowled (FBUDGET DIVISION Change is Approve- mined and Change.) ON BY DHRM ONLY ON BY DHRM ONLY	nat the statements in plete to the best or sted position(s) will in the proposed job ve: dge? Yes 1 ONLY d by DHRM Approved by DHR	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date: Date: No approval? Yes N Date: Date: Date: Page N Date:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ'	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi FOR COMPLETION BY Approved - Date to be Deter Disapproved Budget Representative Name: Budget Representative Signature Note: FOR COMPLETI 10 11 11 11 12 11 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17	19 instructions and there accurate and com- certify that the requenciabilities described in Class List. s were/will be Effectiv Signature: th agency: knowled (FBUDGET DIVISION Change is Approve- mined and Change.) ON BY DHRM ONLY ON BY DHRM ONLY	nat the statements in plete to the best of steed position(s) will not the proposed job ve: dge? Yes 1 ONLY d by DHRM Approved by DHR	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date: Date: No approval? Yes N Date: M Date:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ' Use Hiring Process	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and respo listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved Budget Representative Name: Budget Representative Signature Note: FOR COMPLETION FOR COMPLETION Signature FOR COMPLETION BY Agency ID#: Class Code:	19 instructions and the are accurate and com- certify that the requencial form of the requency of	nat the statements in plete to the best of steed position(s) will not the proposed job ve: dge? Yes 1 ONLY d by DHRM Approved by DHR	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date: Date: No approval? Yes N Date: MExpiration Date: Study#:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ'	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further- type and level of duties and respo- listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved Budget Representative Name: Budget Representative Signature Note: IFC/Legislative approval re Yes, Date Approved: Agency ID#: Class Code: Inding Class Code: Inding Class Title:	19 instructions and the are accurate and com- certify that the requencial that	and the statements in plete to the best sted position(s) will in the proposed job re: dge? Yes ONLY d by DHRM Approved by DHR	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date: Date: No approval? Yes N Expiration Date: Date: Study#: Effective Date:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ' Yes No Use Hiring Process Preliminary Approval Per	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further- type and level of duties and respo- listed on the NPD-19 Short Form Position Duties or Changed Dutie Appointing Authority or Designee Incumbent Signature: Is this request being submitted wi FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved Budget Representative Name: Budget Representative Signature Note: IFC/Legislative approval re Yes, Date Approved: Agency ID#: Class Code: Inding Class Code: Inding Class Title:	19 instructions and the are accurate and com- certify that the requencial that	and the statements in plete to the best sted position(s) will in the proposed job re: dge? Yes ONLY d by DHRM Approved by DHR	f my knowledge. I perform essentially all of the title and the requested class Date: Date: Date: Date: No approval? Yes N Expiration Date: Date: Study#: Effective Date:

GFO (Budget Office)/Legislature

- GFO/Legislature ONLY approves funding, not the actual classification (duties) of a position
- If disapproved by the Budget Office
 - New Position: the NPD-19, page 1 will note disapproval and be provided to the agency
 - o Existing Position: DHRM will conduct a cursory 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
 - ✓ An incumbent <u>MAY</u> receive a special adjustment to pay for working out of class (NPD-5 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
- An incumbent <u>MAY</u> receive a special adjustment to pay for working out of class (NPD-5 NAC 284.206(2)(a))





- Classification
- Reclassification
- Short Form Classification
- Legislative Review

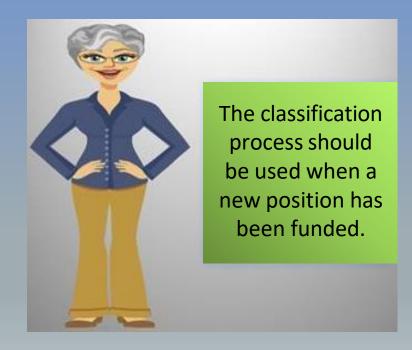
If the agency plans to do the following:

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

Then follow the process for:



Classification



If the agency plans to do the following:

- Restructure its department/agency, 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/agency, division, section or unit
- 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 an agency restructures and/or an existing position experiences a change in duties.



If the agency plans to do the following:

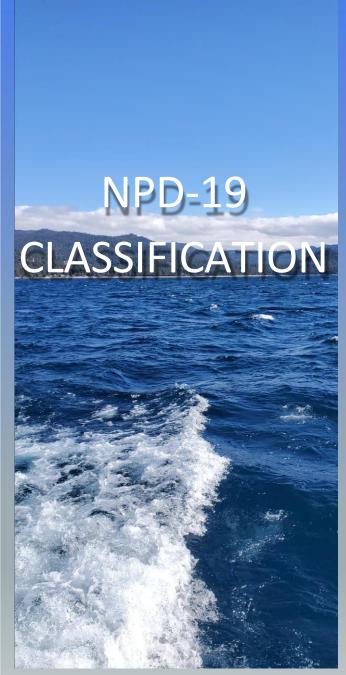
- Classify a new position(s) that will perform all the duties outlined in the series and class concept and is found on the "Short Form Class List"
- Seek to have the duties of a new or existing position reviewed prior to requesting funding through the legislative budget process

Then follow the process for:



Short Form Classification

Legislative Review





Goal:

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

New Position
Short Form
Legislative Review



DHRM will

- Ensure the Governor's Finance Office has completed the Budget Division section of the NPD-19 approving or disapproving funding
- Work with agencies to ensure proper documentation is included in the request
- Assign to an Analyst for analysis
- Finalize Position Classification Study
- Provide a written determination
- Provide a completion email

		F NEVADA JESTIONNAIR	E	•
Initiated By: Agency Employee			New F	Classification Request Position Position - Short Form Ssify Filled Position
Interim	11 12 12 1		=	ssify Vacant Position
Budget Build Decision		INFORMATION	Legis	ative Review FY /
DEPARTMENT/DIVISION/A	GENCY/SECTION:			DIVISION OF HUMAN RESOURCE
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	OI #:	MANAGEMENT date stamp
AGENCT ID# (3 digits).	BODGET # (4 digits).	FOSITION CONTR	OL#.	date stamp
CURRENT CLASS TITLE:	10	CLASS CODE:	GRADE:	
REQUESTED CLASS TITLE		CLASS CODE:	GRADE:	
INCUMBENT NAME:		EMAIL:		PHONE#:
SUPERVISOR NAME AND	TITLE:	EMAIL:		PHONE#:
APPOINTING AUTHORITY	OR DESIGNEE NAME AND TITLE:	EMAIL:		PHONE#:
HUMAN RESOUCE REPRE	SENTATIVE NAME AND TITLE:	EMAIL:		PHONE#:
	APPOINTING AUTHORIT	VINCUMPENT CERT	FICATION	
AGENCY PERSONNEL OFFICE date stamp	the attached organizational char Short Form Use Only: I further	t are accurate and com certify that the reques	plete to the best of sted position(s) will	perform essentially all of the
PERSONNEL OFFICE	the attached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer	t are accurate and com- certify that the reque- onsibilities described in Class List. es were/will be Effective	plete to the best of sted position(s) will the proposed job	my knowledge. perform essentially all of the ititle and the requested class is Date: Date:
PERSONNEL OFFICE	the attached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short For Position Duties or Changed Duti Appointing Authority or Designee Incumbent Signature:	t are accurate and com- certify that the reque- onsibilities described in Class List. es were/will be Effective e Signature:	iplete to the best of sted position(s) will in the proposed job e:	my knowledge. I perform essentially all of the little and the requested class is Date: Date: Date:
PERSONNEL OFFICE	the atfached organizational chan Short Form Use Only: I turthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature: Is this request being submitted w	t are accurate and com- certify that the reque- onsibilities described in Class List. es were/will be Effective e Signature:	plete to the best of sted position(s) will the proposed job e:	my knowledge. I perform essentially all of the little and the requested class is Date: Date: Date:
PERSONNEL OFFICE date stamp BUDGET DIVISION	the atfached organizational chan Short Form Use Only: I turthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature: Is this request being submitted w	t are accurate and come certify that the requesionsibilities described in Class List. es were/will be Effective e Signature: with agency: knowled by BUDGET DIVISION	plete to the best of sted position(s) will in the proposed job e:	my knowledge. I perform essentially all of the ities and the requested class is Date: Date: Date:
PERSONNEL OFFICE date stamp	the atfached organizational char Short Form Use Only: I turthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designee Incumbent Signature: Is this request being submitted FOR COMPLETION E Approved - Effective Date Approved - Date to be Dete	are accurate and con certify that the requeinosibilities described in Class List. es were/will be Effective e Signature: with agency: knowled IY BUDGET DIVISION of Change is Approver	plete to the best of sted position(s) will in the proposed job e: dge? Yes 1 ONLY d by DHRM	I'my knowledge. perform essentially all of the little and the requested class is Date: Date: Date: Date: Date: No
PERSONNEL OFFICE date stamp	the attached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Appointing Authority or Designee incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date i Approved - Date to be Dete Disapproved	are accurate and con certify that the requeinosibilities described in Class List. es were/will be Effective e Signature: with agency: knowled IY BUDGET DIVISION of Change is Approver	plete to the best of sted position(s) will in the proposed job e: dge? Yes 1 ONLY d by DHRM	I'my knowledge. Jerform essentially all of the title and the requested class is Date: Date: Date: Date: Date: Date: Date: Date: Date: Dota: Date: Date: Date: Date: Date: Date:
PERSONNEL OFFICE date stamp	the attached organizational char Short Form Use Only: I furthet type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer Incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date Approved - Date to be Dete Disapproved Budget Representative Name:	are accurate and com- certify that the reque- onsibilities described in Class List. es were/will be Effective es Signature: //ith agency: knowled I'Y BUDGET DIVISION of Change is Approve- trimined and Change	plete to the best of sted position(s) will in the proposed job e: dge? Yes 1 ONLY d by DHRM	I'my knowledge. perform essentially all of the title and the requested class is Date: Date: Date: Date: Date: Date: MEXISTED AND Expiration Date:
PERSONNEL OFFICE date stamp	the attached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Appointing Authority or Designee incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date i Approved - Date to be Dete Disapproved	are accurate and com- certify that the reque- onsibilities described in Class List. es were/will be Effective es Signature: //ith agency: knowled IY BUDGET DIVISION of Change is Approve- termined and Change	plete to the best of sted position(s) will in the proposed job e: dge? Yes 1 ONLY d by DHRM	I'my knowledge. perform essentially all of the title and the requested class is
PERSONNEL OFFICE date stamp	the atfached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designee Incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date i Approved - Date to be Dete Disapproved Budget Representative Name: Budget Representative Signatur Note:	are accurate and com- certify that the reque- consibilities described in Class List. e Signature: with agency: knowled IY BUDGET DIVISION of Change is Approve- termined and Change e: e:	plete to the best of sisted position(s) will the proposed job e: dge? Yes 1 ONLY d by DHRM Approved by DHR	I'my knowledge. perform essentially all of the title and the requested class is Date: Date: Date: Date: Date: Date: MEXISTED AND Expiration Date:
PERSONNEL OFFICE date stamp BUDGET DIVISION date stamp	the atfached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer Incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date i Approved - Date to be Dete Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLET IFC/Legislative approval	Lare accurate and com- certify that the reque- onsbiblities described in Class List. es were/will be Effective es were/will be Effective es in the Effective with agency: knowled by BUDGET DIVISION of Change is Approve- termined and Change is es:	plete to the best of sisted position(s) will the proposed job e: dge? Yes 1 ONLY d by DHRM Approved by DHR	my knowledge. perform essentially all of the title and the requested class is Date: Date: Date: Date: No approval? Yes No Date: M Expiration Date: Date:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR	the atfached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designee Incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date i Approved - Date to be Dete Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLET IFC/Legislative approval r	Lare accurate and com- certify that the reque- onsbiblities described in Class List. es were/will be Effective es were/will be Effective es in the Effective with agency: knowled by BUDGET DIVISION of Change is Approve- termined and Change is es:	plete to the best of sisted position(s) will the proposed job e: dge? Yes 1 ONLY d by DHRM Approved by DHR	I'my knowledge. Jerform essentially all of the title and the requested class is Date: Date: Date: Date: Date: Date: MEXICAL STATE OF THE STATE OF
BUDGET DIVISION date stamp	the atfached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designee Incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date i Approved - Date to be Dete Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLET IFC/Legislative approval r	Lare accurate and com- certify that the reque- onsbiblities described in Class List. es were/will be Effective es were/will be Effective es in the Effective with agency: knowled by BUDGET DIVISION of Change is Approve- termined and Change is es:	plete to the best of sisted position(s) with the proposed job e: e: ONLY d by DHRM Approved by DHR	my knowledge. perform essentially all of the title and the requested class is Date: Date: Date: Date: No approval? Yes No Date: M Expiration Date: Date:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ:	the attached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer Incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date I Approved - Date to be Dete Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLET IFC/Legislative approval r Yes, Date Approved: S. Agency ID#: Class Code:	Lare accurate and com- certify that the reque- centify that the reque- centify that the reque- centify that the reque- consibilities described in Class List. s Signature: with agency: knowled Y BUDGET DIVISION If Change is Approve- remined and Change. TION BY DHRM ONLY equired?	plete to the best of sisted position(s) with the proposed job e: e: ONLY d by DHRM Approved by DHR	I'my knowledge. Jerform essentially all of the title and the requested class is Date: Date: Date: Date: Date: M Expiration Date: Date: Study#:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ:YesNo Use Hiring Process Preliminary Approval Per FY / Buddet above	the attached organizational char Short Form Use Only: I further type and level of dutiles and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer Incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date i Approved - Date to be Dete Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLET TYY Yes, Date Approved: Agency ID#: Class Code: diding Class Title:	Lare accurate and com- certify that the reque- onsibilities described in Class List. es were/will be Effective es Signature: with agency: knowled y BUDGET DIVISION of Change is Approve- ermined and Change is EION BY DHRM ONLY equired? Agency Org/Budge	plete to the best of sisted position(s) with the proposed job e: e: ONLY d by DHRM Approved by DHR No	I'my knowledge. Jerform essentially all of the title and the requested class is Date: Date: Date: Date: Date: M
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ: Yes No Use Hiring Process Preliminary Approval Per	the attached organizational char Short Form Use Only: I further type and level of dutiles and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer Incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date i Approved - Date to be Dete Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLET TYY Yes, Date Approved: Agency ID#: Class Code: diding Class Title:	Lare accurate and com- certify that the reque- onsibilities described in Class List. es were/will be Effective es Signature: with agency: knowled y BUDGET DIVISION of Change is Approve- ermined and Change is EION BY DHRM ONLY equired? Agency Org/Budge	plete to the best of sisted position(s) with the proposed job e: e: ONLY d by DHRM Approved by DHR No	I'my knowledge. Jerform essentially all of the title and the requested class is Date: Date: Date: Date: Date: M

D-19 (Rev 4/29/2024)

6 STEPS TO COMPLETE NPD-19 FOR CLASSIFICATION REQUEST

- 1. Page 1 Heading, Left Side
- 2. Page 1 Heading, Right Side
- 3. Page 1 Heading, Position Information Section
- 4. Page 1, Certification Section
- 5. Questions 1-9 Responses
- 6. Submit NPD-19 and Required Documentation



	STATE OF NEVADA POSITION QUESTIONNAIRE	
Initiated By: Agency Employee		Type of Classification Request New Position New Position - Short Form Reclassify Filled Position
Interim Budget Build Decision Unit		Reclassify Vacant Position Legislative Review FY /
1 Chart Hans		Calact

Start Here

- Indicate the request is "Agency" initiated
- Indicate whether the request is before (Budget Build) or after (Interim) the budget appropriation

Select **Request Type** "New Position"



Next

- Complete the "Position Information" section
- Include PCN(s) or a separate sheet with all PCNs included in this request
- Include both the name and title of the supervisor, appointing authority or designee and human resource representative

en de la companya de La companya de la co	POSITION II	NFORMATION	76 - 76 - 18	10			
DEPARTMENT/DIVISION/A	AGENCY/SECTION:	-50		172	DIVISIO MAN RE	SOURC	E
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	ROL#:		date s	100 Colon (100 PM)	
CURRENT CLASS TITLE:		CLASS CODE:	GRADE:				
REQUESTED CLASS TITL	E)	CLASS CODE:	GRADE:				
INCUMBENT NAME:		EMAIL:	921	PHONE	E#:		6
SUPERVISOR NAME AND	TITLE:	EMAIL:		PHONE	E#:		
APPOINTING AUTHORITY	OR DESIGNEE NAME AND TITLE:	EMAIL:		PHONE	E#:		*
HUMAN RESOUCE REPRE	SENTATIVE NAME AND TITLE:	EMAIL:		PHONE	E#:		-
	APPOINTING AUTHORITY	//INCUMBENT CERT	FICATION				-
AGENCY PERSONNEL OFFICE	I certify that I have read the NPD- the attached organizational chart	19 instructions and th are accurate and com	at the statemen	ts provided i	n this N vledge.	IPD-19	and
date stamp	Short Form Use Only: I further type and level of duties and respo	nsibilities described in					
	listed on the NPD-19 Short Form	Class List.			101		
	listed on the NPD-19 Short Form Position Duties or Changed Dutie		e:		Date:		
		s were/will be Effectiv	e:		Date:	3	
	Position Duties or Changed Dutie	s were/will be Effectiv	e:		0-		*

Next

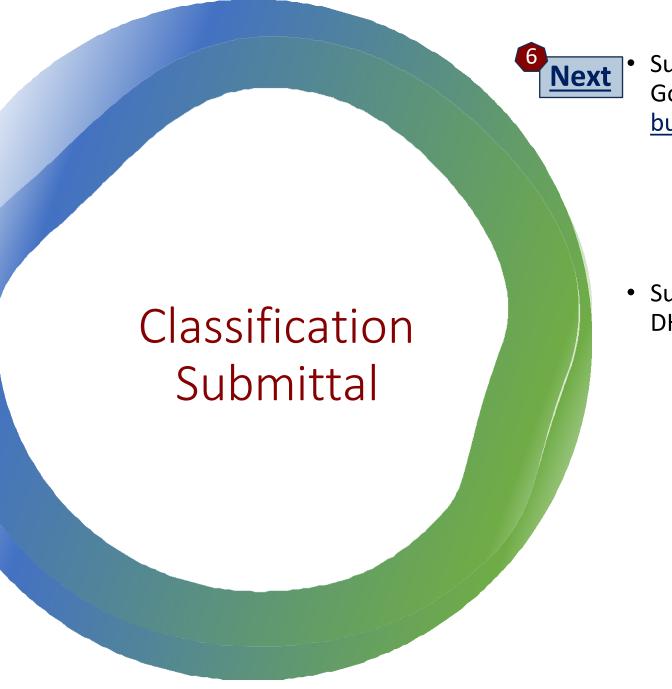
- Read and complete
 the "Appointing
 Authority/
 Incumbent
 Certification"
 section
- Obtain appropriate signatures





Next Respond to the 9 questions and statements

1.	What is the major purpose of this request?	
2. 3.	Are there similar positions in the agency with like duties of this position to compare to? What are the duties performed by this position? Describe the duties in detail. Put an	5. Does this position function as a <u>supervisor</u> ? What is the class title and position control number of all employees that are <u>supervised</u> by this position? Describe, in detail, the extent of supervisory responsibilities exercised by this position. \[\subseteq Yes \subseteq No \]
	<u>asterisk (*) next to each new duty or new function within an existing duty.</u> <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 <u>A</u> bove" or "Insert Rows <u>B</u> elow".	Direct Supervision: Indirect Supervision:
	DUTY UMBER DUTY STATEMENT DU	Check applicable boxes: Performance Appraisal Work Performance Standards Scheduling Discipline Discipline Training Other (Specify): 6. What is the extent of supervision exercised over this position? 7. Are there any licenses, certificates, degrees, or credentials required by statute or required by the department/division/agency 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?
NPD-	19 (Rev 4/29/2024) Page 2	NPD-19 (Rev 4/29/2024) Page 3



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

- Salary Projection
- o NPD-19
- Current and Proposed Organizational Charts
- Applicable Documents
- Submit Budget Build Classification Requests to DHRM at comp.class@admin.nv.gov
 - Upload into NEBS
 - Salary Projection
 - NPD-19
 - Current and Proposed Organizational Charts
 - Applicable Documents
 - Submit to DHRM
 - o NPD-19
 - Current and ProposedOrganizational Charts
 - Applicable Documents

5 STEPS TO COMPLETE NPD-19 FOR SHORT FORM REQUEST

- 1. Page 1 Heading, Left Side
- 2. Page 1 Heading, Right Side
- 3. Page 1 Heading, Position Information Section
- 4. Page 1, Certification Section
- 5. Submit NPD-19 and Required Documentation

SHORT FORM



Agencies may submit the first page of the NPD-19 form for a new position or multiple new positions if the class is listed on the "NPD-19 Short Form Class List" and each position performs essentially all of the type and level of duties and responsibilities described in the class specification.

	STATE O POSITION QU	F NEVADA IESTIONNAIR	E	•
Initiated By: Agency Employee			New P New P Reclas	lassification Request osition osition - Short Form sify Filled Position sify Vacant Position
Budget Build Decision	Unit		Legisla	ative Review FY /
		NFORMATION		
DEPARTMENT/DIVISION/AG AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	OI #:	DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
CURRENT CLASS TITLE:	202021 ii (4 digito).	CLASS CODE:	GRADE:	date stamp
REQUESTED CLASS TITLE:		CLASS CODE:	GRADE:	
INCUMBENT NAME:		EMAIL:	i i	PHONE#:
SUPERVISOR NAME AND TI	TLE:	EMAIL:		PHONE#:
APPOINTING AUTHORITY O	R DESIGNEE NAME AND TITLE:	EMAIL:		PHONE#:
HUMAN RESOUCE REPRES	ENTATIVE NAME AND TITLE:	EMAIL:		PHONE#:
	APPOINTING AUTHORITY			
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart Short Form Use Only: I further type and level of duties and response	are accurate and com certify that the reques	plete to the best of sted position(s) will	my knowledge. perform essentially all of the
	listed on the NPD-19 Short Form	Class List.		
	Position Duties or Changed Dutie		e:	Date:
	Appointing Authority or Designee	Signature:		Date:
	Incumbent Signature: Is this request being submitted wi	th agency: knowled	dge? Yes N	Date:
	FOR COMPLETION BY			o approvari
BUDGET DIVISION	Approved - Effective Date if			Date:
date stamp	Approved - Date to be Deter			М
	Disapproved		.,	Expiration Date:
	Budget Representative Name:			
	Budget Representative Signature	:		Date:
	Note:			i i
	FOR COMPLET	ION BY DHRM ONLY	N .	
INSTRUCTIONS TO APPOINTING AUTHORIT	IFC/Legislative approval re Yes, Date Approved:		No	Study#:
Incumbent meets MQ's:	Agency ID#:	Agency Org/Budge	t#:	Effective Date:
Use Hiring Process	Class Code:	Class Option:	Grade:	Expiration Date:
Preliminary Approval Pend FY/ Budget appr and no changes to the dubi	oval Class Title:	-	1	78
Other:	Analyst Signature:			Date:
	Supervisor Signature:			Date:

NPD-19 (Rev 4/29/2024)



SHORT FORM

	STATE OF NEVADA POSITION QUESTIONNAIRE	
Initiated By:		Type of Classification Request
Agency		New Position
Employee		New Position - Short Form
		Reclassify Filled Position
Interim		Reclassify Vacant Position
Budget Build Decision Unit		Legislative Review FY /

Start Here

- Indicate the request is "Agency" initiated
- Indicate whether the request is before (Budget Build) or after (Interim) the budget appropriation

2

Select Request Type

"New Position – Short Form"

SHORT FORM



Next

Complete the "Position Information" section

3

- Include PCN(s) or a separate sheet with all PCNs included in this request
- Include both the name and title of the supervisor, appointing authority or designee and human resource representative

	POSITION IN	NFORMATION		**	- 2
DEPARTMENT/DIVISION/A	GENCY/SECTION:	50		DIVISION OF HUMAN RESOURCE MANAGEMENT	(Miles
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	ROL#:	date stamp	
CURRENT CLASS TITLE:	*	CLASS CODE:	GRADE:	1	
REQUESTED CLASS TITLE	5	CLASS CODE:	GRADE:		
INCUMBENT NAME:		EMAIL:	8/4	PHONE#:	6
SUPERVISOR NAME AND	TITLE:	EMAIL:		PHONE#:	- 8
APPOINTING AUTHORITY	OR DESIGNEE NAME AND TITLE:	EMAIL:		PHONE#:	-
HUMAN RESOUCE REPRE	SENTATIVE NAME AND TITLE:	EMAIL:		PHONE#:	- X
0	APPOINTING AUTHORITY	/INCUMBENT CERT	FICATION	4	
AGENCY PERSONNEL OFFICE	I certify that I have read the NPD- the attached organizational chart	19 instructions and th are accurate and com	at the statements	provided in this NPD-19 an of my knowledge.	nd
date stamp	Short Form Use Only: I further type and level of duties and responsited on the NPD-19 Short Form	nsibilities described in	sted position(s) w n the proposed job	ill perform essentially all of title and the requested clas	the ss is
	Position Duties or Changed Dutie	s were/will be Effectiv	e:	Date:	
	Appointing Authority or Designee	Signature:		Date:	
	Incumbent Signature:	204		Date:	
	Is this request being submitted wi	th agency: knowle	dge? Yes	No approval? Yes	No

Next

- Read "Short Form

 Use Only"

 certification
- Complete the
 "Appointing
 Authority/Incumbent
 Certification" section
- Obtain appropriate signatures



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



- Salary Projection
- o NPD-19, Page 1
- Current and Proposed Organizational Charts
- Applicable Documents
- Submit Budget Build Classification Requests to DHRM at <u>comp.class@admin.nv.gov</u>
 - Upload into NEBS
 - Salary Projection
 - > NPD-19, Page 1
 - Current and Proposed Organizational Charts
 - Applicable Documents
 - Submit to DHRM
 - NPD-19, Page 1
 - Current and Proposed
 Organizational Charts
 - Applicable Documents

6 STEPS TO COMPLETE NPD-19 FOR LEGISLATIVE REVIEW REQUEST

- 1. Page 1 Heading, Left Side
- 2. Page 1 Heading, Right Side
- 3. Page 1 Heading, Position Information Section
- 4. Page 1, Certification Section
- 5. Questions 1-19 Responses
- 6. Submit NPD-19 and Required Documentation

LEGISLATIVE REVIEW



Starts with the agency

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

		OF NEVADA UESTIONNAIRI	Ē	¢
Initiated By: Agency Employee			New P	lassification Request losition losition - Short Form losify Filled Position
Interim			Reclas	ssify Vacant Position
Budget Build Decisi			Legisl	ative Review FY /
DEPARTMENT/DIVISION/A		INFORMATION		DIVISION OF
				HUMAN RESOURCE MANAGEMENT
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	OL #:	date stamp
CURRENT CLASS TITLE:		CLASS CODE:	GRADE:	
REQUESTED CLASS TITLE	E:	CLASS CODE:	GRADE:	
INCUMBENT NAME:		EMAIL:		PHONE#:
SUPERVISOR NAME AND	TITLE:	EMAIL:		PHONE#:
NOT THE REAL PROPERTY OF THE PARTY OF THE PA	OR DESIGNEE NAME AND TITLE:	- 139-00-00-00-00-00-00-00-00-00-00-00-00-00		PHONE#:
HUMAN RESOUCE REPRE	SENTATIVE NAME AND TITLE:	EMAIL:		PHONE#:
	APPOINTING AUTHORIT			
AGENCY PERSONNEL OFFICE date stamp	the attached organizational char	rt are accurate and comp	olete to the best of	my knowledge.
PERSONNEL OFFICE	the attached organizational chair Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Dut	rt are accurate and comp er certify that the request consibilities described in in Class List.	blete to the best of ted position(s) will the proposed job t	my knowledge. perform essentially all of t
PERSONNEL OFFICE	the attached organizational chal Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form	rt are accurate and comp er certify that the request consibilities described in in Class List. ies were/will be Effective	blete to the best of ted position(s) will the proposed job t	my knowledge. perform essentially all of title and the requested class
PERSONNEL OFFICE	the attached organizational chai Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Forn Position Duties or Changed Dut	rt are accurate and comp er certify that the request consibilities described in in Class List. ies were/will be Effective	blete to the best of ted position(s) will the proposed job t	my knowledge. perform essentially all of itle and the requested class Date:
PERSONNEL OFFICE	the attached organizational chai Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted v	rt are accurate and comp rr certify that the reques soonsibilities described in n Class List. ies were/will be Effective e Signature: with agency: knowled	plete to the best of led position(s) will the proposed job t ::	my knowledge. perform essentially all of ittle and the requested class Date: Date: Date:
PERSONNEL OFFICE date stamp	the attached organizational chain Short Form Use Only: I furthe type and level of dutiles and resp listed on the NPD-19 Short Forn Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted to FOR COMPLETION 1	nt are accurate and comp or certify that the reques- consibilities described in n Class List, ies were/will be Effective e Signature: with agency: knowled by BUDGET DIVISION of	plete to the best of ted position(s) will the proposed job to the	my knowledge. perform essentially all of title and the requested class Date:
PERSONNEL OFFICE	the attached organizational chair Short Form Use Only: I furthe type and level of duties and resp listed on the NP1-19 Short Form Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted v FOR COMPLETION I Approved - Effective Date	If are accurate and comp ir certify that the reques consibilities described in in Class List. ies were/will be Effective e Signature: with agency: knowled BY BUDGET DIVISION of if Change is Approved	plete to the best of the position(s) will the proposed job to the	my knowledge. perform essentially all of title and the requested class Date:
PERSONNEL OFFICE date stamp	the attached organizational chain Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Forn Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted or FOR COMPLETION I Approved - Effective Date Approved - Date to be Det	In are accurate and comp ir certify that the reques consibilities described in in Class List. ies were/will be Effective e Signature: with agency: knowled BY BUDGET DIVISION of if Change is Approved	plete to the best of the position(s) will the proposed job to the	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Date: Date: Date: M
PERSONNEL OFFICE date stamp	the attached organizational chair Short Form Use Only: I furthe type and level of dutiles and resp listed on the NPD-19 Short Forn Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted FOR COMPLETION I Approved - Effective Date Approved - Date to be Det Disapproved	In are accurate and comp ir certify that the reques consibilities described in in Class List. ies were/will be Effective e Signature: with agency: knowled BY BUDGET DIVISION of if Change is Approved	plete to the best of the position(s) will the proposed job to the	my knowledge. perform essentially all of title and the requested class Date:
PERSONNEL OFFICE date stamp	the attached organizational chain Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Forn Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted or FOR COMPLETION I Approved - Effective Date Approved - Date to be Det	rf are accurate and comy r certify that he reques consibilities described in Class List. les were/will be Effective e Signature: with agency: knowled BY BUDGET DIVISION of if Change is Approved ermined and Change A	plete to the best of the position(s) will the proposed job to the	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Date: Date: Date: M
PERSONNEL OFFICE date stamp	the attached organizational chain Short Form Use Only: I furthe type and level of duties and resp listed on the NP1-9 Short Form Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted v FOR COMPLETION I Approved - Effective Date Approved - Date to be Det Disapproved Budget Representative Name:	rf are accurate and comy r certify that he reques consibilities described in Class List. les were/will be Effective e Signature: with agency: knowled BY BUDGET DIVISION of if Change is Approved ermined and Change A	plete to the best of the position(s) will the proposed job to the	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Date: Date: Date: MExpiration Date:
PERSONNEL OFFICE date stamp	the attached organizational chain Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted v FOR COMPLETION I Approved - Effective Date Approved - Date to be Det Disapproved Budget Representative Name: Budget Representative Signatur Note:	rf are accurate and comy r certify that he reques consibilities described in Class List. les were/will be Effective e Signature: with agency: knowled BY BUDGET DIVISION of if Change is Approved ermined and Change A	plete to the best of the position(s) will the proposed job to the	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Date: Date: Date: MExpiration Date:
BUDGET DIVISION date stamp	the attached organizational chain Short Form Use Only: I furthe type and level of duties and resp listed on the NPI-19 Short Form Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted v FOR COMPLETION I Approved - Effective Date Approved - Date to be Det Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLE 15-CAMPLE DISAPPOVED D	rt are accurate and comy rectify that the reques ponsibilities described in the reques ponsibilities described in less were/will be Effective e Signature: with agency: knowled BY BUDGET DIVISION or if Change is Approved ermined and Change A re:	plete to the best of ted position(s) with the proposed job to the proposed job the propose	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Date: Date: Date: M Expiration Date: Date:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR	the attached organizational chain Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short For Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted v FOR COMPLETION I Approved - Effective Date Approved - Bute to be Det Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLE UTY Yes, Date Approved	rd are accurate and comy receiptly that he reques ponsibilities described in in less were/will be Effective e Signature: with agency: knowled EY BUDGET DIVISION or if Change is Approved ermined and Change A re:	plete to the best of the best of the position(s) with the proposed job to the proposed job the job	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Date: Io approval? Yes 1 Expiration Date: Date: Study#:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets Mg	the attached organizational chain Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted v FOR COMPLETION I Approved - Bete to be Det Disapproved Budget Representative Name: Budget Representative Signature Note: FOR COMPLE IFCILegislative approval Yes, Date Approved Yes, Date Approved	rt are accurate and comy rectify that the reques ponsibilities described in the reques ponsibilities described in less were/will be Effective e Signature: with agency: knowled BY BUDGET DIVISION or if Change is Approved ermined and Change A re:	plete to the best of the best of the position(s) with the proposed job to the proposed job the job	perform essentially all of title and the requested class Date: Date: Date: Date: Date: M Expiration Date:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ Yes No Use Hiring Process Preliminary Approval Pe	the attached organizational chain Short Form Use Only: I furthe type and level of dutiles and resp listed on the NPD-19 Short For Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted to FOR COMPLETION or Approved - Effective Date Approved - Date to be Det Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLE OFFICE Signatur Complete Graphy Grap	rd are accurate and comy receiptly that he reques ponsibilities described in in less were/will be Effective e Signature: with agency: knowled EY BUDGET DIVISION or if Change is Approved ermined and Change A re:	plete to the best of the best of the position(s) with the proposed job to the proposed job the job	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Date: Date: M
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TC APPOINTING AUTHOR Incumbent meets MQ Yes No Use Hiring Process Preliminary Approval Per FY J Budget ap and no changes to the du	the attached organizational chair Short Form Use Only: I furthe type and level of duffes and resp listed on the NPD-19 Short Forr Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted FOR COMPLETION I Approved - Effective Date Approved - Date to be Det Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLE O IFC/Legislative approved: S: Agency ID#: Class Code: Inding Class Title:	rt are accurate and comy rt are accurate and comy receipt hat he reques ponsibilities described in in class List. In class List. It is were/will be Effective e Signature: with agency: knowled BY BUDGET DIVISION of if Change is Approved ermined and Change A re: TION BY DHRM ONLY required? Agency Org/Budget	ge? Yes NoNLY by DHRM pproved by DHR No	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Date: Date: M
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ Yes No Use Hiring Process Preliminary Approval Per FY / Budget ap	the attached organizational chair Short Form Use Only: I furthe type and level of duffes and resp listed on the NPD-19 Short Forr Position Duties or Changed Dut Appointing Authority or Designe Incumbent Signature: Is this request being submitted FOR COMPLETION I Approved - Effective Date Approved - Date to be Det Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLE O IFC/Legislative approved: S: Agency ID#: Class Code: Inding Class Title:	rt are accurate and comy rt are accurate and comy receipt hat he reques ponsibilities described in in class List. In class List. It is were/will be Effective e Signature: with agency: knowled BY BUDGET DIVISION of if Change is Approved ermined and Change A re: TION BY DHRM ONLY required? Agency Org/Budget	ge? Yes NoNLY by DHRM pproved by DHR No	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Date: Date: M



LEGISLATIVE REVIEW

	STATE OF NEVADA POSITION QUESTIONNAIRE	
Initiated By: Agency Employee		Type of Classification Request New Position New Position - Short Form
Interim Budget Build Decision Unit		Reclassify Filled Position Reclassify Vacant Position Legislative Review FY



Start Here

- Indicate the request is "Agency" initiated
- Indicate the request is for Budget Build (before the budget appropriation)

2

Select Request Type

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





Next

- Complete the "Position Information" section
- Include PCN(s) or a separate sheet with all PCNs included in this request
- Include both the name and title of the supervisor, appointing authority or designee and human resource representative

	I OSITION I	NFORMATION			
DEPARTMENT/DIVISION/A	AGENCY/SECTION:	-19		DIVISION OF HUMAN RESOURCE MANAGEMENT	
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	ROL#:	date stamp	
CURRENT CLASS TITLE:		CLASS CODE:	GRADE:		
REQUESTED CLASS TITLE	E	CLASS CODE:	GRADE:		
NCUMBENT NAME:		EMAIL: F		PHONE#:	
SUPERVISOR NAME AND	TITLE:			PHONE#:	
APPOINTING AUTHORITY	OR DESIGNEE NAME AND TITLE:			PHONE#:	
HUMAN RESOUCE REPRE	SENTATIVE NAME AND TITLE:	EMAIL:		PHONE#:	
HUMAN RESOUCE REPRE	SENTATIVE NAME AND TITLE: APPOINTING AUTHORITY		FICATION	PHONE#:	
AGENCY PERSONNEL OFFICE		//INCUMBENT CERT	at the statement	s provided in this NPD-19 and	
AGENCY	APPOINTING AUTHORITY	//INCUMBENT CERTI- 19 instructions and the are accurate and correctify that the requestionsibilities described in	at the statement plete to the best sted position(s) v	s provided in this NPD-19 and of my knowledge.	
AGENCY PERSONNEL OFFICE	I certify that I have read the NPD the attached organizational chart Short Form Use Only: I further type and level of duties and response.	//INCUMBENT CERTION 19 instructions and the are accurate and correctify that the requestinsibilities described in Class List.	at the statement iplete to the best sted position(s) w in the proposed jo	s provided in this NPD-19 and of my knowledge.	
AGENCY PERSONNEL OFFICE	I certify that I have read the NPD the attached organizational chart Short Form Use Only: I further type and level of duties and responsible on the NPD-19 Short Form	//INCUMBENT CERTI -19 instructions and the are accurate and com- certify that the request consibilities described in Class List. Is were/will be Effective	at the statement iplete to the best sted position(s) w in the proposed jo	s provided in this NPD-19 and of my knowledge. vill perform essentially all of the bittle and the requested class in	
AGENCY PERSONNEL OFFICE	I certify that I have read the NPD the attached organizational chart Short Form Use Only: I further type and level of duties and responsited on the NPD-19 Short Form Position Duties or Changed Duties	//INCUMBENT CERTI -19 instructions and the are accurate and com- certify that the request consibilities described in Class List. Is were/will be Effective	at the statement iplete to the best sted position(s) w in the proposed jo	s provided in this NPD-19 and of my knowledge. vill perform essentially all of the bittle and the requested class i	

Next

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

LEGISLATIVE REVIEW





Next Respond to the 9 questions and statements

1.	What is the major purpose of this request?	
 3. 	Are there similar positions in the agency with like duties of this position to compare to? What are the duties performed by this position? Describe the duties in detail. Put an asterisk (*) next to each new duty or new function within an existing duty. Note: Additional	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:
	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".	Indirect Supervision:
	DUTY DUTY STATEMENT	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 required by statute or required by the department/division/agency 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?
L		
4.	Does this position function as a <u>lead worker</u> ? What is the class title and position control number of all employees that this position functions as a lead worker for. Describe, in detail, the extent of lead worker responsibility exercised by this position. Yes \sum No	
	Check applicable boxes: Work Assignment Training Other (Specify):	
	☐ Work Review ☐ Scheduling	
NPD-1	9 (Rev 4/29/2024) Page 2	NPD-19 (Rev 429/2024) Plage 3





Legislative Review Submittal

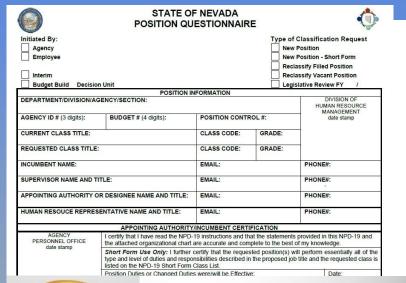
- Submit Budget Build Classification Requests to DHRM at <u>comp.class@admin.nv.gov</u>
 - Upload into NEBS
 - Salary Projection
 - o NPD-19
 - Current and Proposed Organizational Charts
 - Applicable Documents
 - Submit to DHRM
 - o NPD-19
 - Current and ProposedOrganizational Charts
 - Applicable Documents

CLASSIFICATION ANALYSIS



DHRM Analyst will

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



Required Attachments

- Current and proposed organizational chart
- Legislation, board or commission minutes, new organization plan, audit findings
- Copy of work performance standards

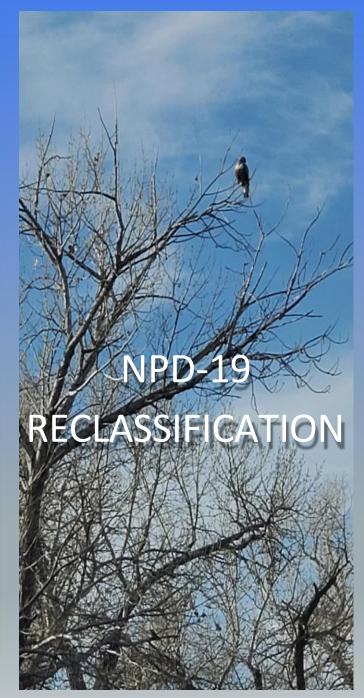
MAJORITY OF DUTIES



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

 Question 3 of the NPD-19 will be evaluated to determine which class the majority of the duties reasonably fit within.

	POSITION Q	UESTIONNAIR	E			
nitiated By:			Type of 0	Classification Request		
Agency				Position		
Employee				Position - Short Form	pare to?	
				ssify Filled Position		
Interim				ssify Vacant Position	il. Put an	
Budget Build Decisi		INFORMATION	Legis	lative Review FY /	1 Additional	ntrol tent
DEPARTMENT/DIVISION/A		THE OTHER TION		DIVISION OF HUMAN RESOURCE MANAGEMENT	ect "Insert",	acin
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	ROL#:	date stamp		
CURRENT CLASS TITLE:	-	CLASS CODE:	GRADE:	1		
REQUESTED CLASS TITL	ā:	CLASS CODE:	GRADE:			
INCUMBENT NAME:		EMAIL:		PHONE#:		
SUPERVISOR NAME AND		EMAIL:		PHONE#:]	
	OR DESIGNEE NAME AND TITLE:			PHONE#:		
HUMAN RESOUCE REPRE	SENTATIVE NAME AND TITLE:	EMAIL:		PHONE#:		
AGENCY	APPOINTING AUTHORIT					ired
PERSONNEL OFFICE	I certify that I have read the NP the attached organizational cha					ireu
date stamp	Short Form Use Only: I further type and level of duties and res	er certify that the reques	sted position(s) wil	I perform essentially all of the		
	Position Duties or Changed Dut		re:	Date:		this
	Appointing Authority or Designe	ee Signature:		Date:	1	
	Incumbent Signature:			Date:	1 —	
	Is this request being submitted	with agency: knowled	dge? Yes I	No approval? Yes No	1	
		BY BUDGET DIVISION		ne approva:	1 —	
BUDGET DIVISION date stamp	Approved - Effective Date	if Change is Approved	d by DHRM	Date:	1	
	Approved - Date to be Det	termined and Change	Approved by DHF	RM		
date stamp				Expiration Date:	1	
date stamp	Disapproved					
date stamp	Budget Representative Name:				1	
date stamp	Budget Representative Name: Budget Representative Signatu	re:		Date:		
date stamp	Budget Representative Name:	re:		Date:		
date siamp	Budget Representative Name: Budget Representative Signatu Note:		6	Date:	on control	
INSTRUCTIONS TO	Budget Representative Name: Budget Representative Signatu Note: FOR COMPLE D IFC/Legislative approval	TION BY DHRM ONLY			on control	
	Budget Representative Name: Budget Representative Signatu Note: FOR COMPLE POR COMPLE PO	TION BY DHRM ONLY required?	□ No	Study#:		
INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets Mo	Budget Representative Name: Budget Representative Signatu Note: FOR COMPLE FOR COMPLE FOR COMPLE FOR COMPLE FOR COMPLE Agency ID#:	required? : Agency Org/Budge	No	Study#: Effective Date:		
INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ Yes \square No	Budget Representative Name: Budget Representative Signatu Note: FOR COMPLE FOR COMPLE FY Yes, Date Approved Agency ID#: Class Code:	TION BY DHRM ONLY required?	□ No	Study#:		
INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets Mo	Budget Representative Name: Budget Representative Signatu Note: FOR COMPLE 2017 IFOLegislative approved Yes, Date Approved Agency ID#: Class Code:	required? : Agency Org/Budge	No	Study#: Effective Date:		
INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MO Yes No Use Hilling Process	Budget Representative Name: Budget Representative Signatu Note: FOR COMPLE 2017 IFOLegislative approved Yes, Date Approved Agency ID#: Class Code:	required? : Agency Org/Budge	No	Study#: Effective Date:		





Goal:

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

Existing Position Legislative Review Vacant Existing Position Filled Existing Position



DHRM will

- Ensure the Governor's Finance Office has completed the Budget Division section of the NPD-19 approving or disapproving funding
- Work with agencies to ensure proper documentation is included in the request
- Assign to an Analyst for analysis
- Finalize Position Classification Study
- Provide a written determination, if a no change or the class is different than requested and agency disagrees
- Provide a completion email

9	The state of the s	F NEVADA JESTIONNAIR	E	<
Initiated By: Agency Employee			New P	classification Request dosition dosition - Short Form assify Filled Position
Interim				ssify Vacant Position
Budget Build Decis		INFORMATION	Legisl	ative Review FY /
DEPARTMENT/DIVISION/		INFORMATION		DIVISION OF
				HUMAN RESOURCE MANAGEMENT
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	ROL#:	date stamp
CURRENT CLASS TITLE:	82	CLASS CODE:	GRADE:	
	2	TREESON TESTS TO PROJECT	TOP STATE OF THE S	
REQUESTED CLASS TITL	E:	CLASS CODE:	GRADE:	
INCUMBENT NAME:		EMAIL:		PHONE#:
SUPERVISOR NAME AND	TITLE:	EMAIL:		PHONE#:
APPOINTING AUTHORITY	OR DESIGNEE NAME AND TITLE:	EMAIL:		PHONE#:
HUMAN RESOUCE REPRE	ESENTATIVE NAME AND TITLE:	EMAIL:		PHONE#:
	APPOINTING AUTHORIT	Y/INCUMBENT CERT	FICATION	l.
AGENCY PERSONNEL OFFICE date stamp	the attached organizational char Short Form Use Only: I further type and level of duties and resp	t are accurate and com r certify that the reque	plete to the best of sted position(s) will	my knowledge. perform essentially all of
PERSONNEL OFFICE	the attached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti	t are accurate and com r certify that the reque- onsibilities described in class List. es were/will be Effectiv	plete to the best of sted position(s) will the proposed job t	my knowledge. perform essentially all of itle and the requested class Date:
PERSONNEL OFFICE	the attached organizational chan Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer	t are accurate and com r certify that the reque- onsibilities described in class List. es were/will be Effectiv	plete to the best of sted position(s) will the proposed job t	my knowledge. perform essentially all of itle and the requested class Date: Date:
PERSONNEL OFFICE	the attached organizational chan Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature:	t are accurate and com r certify that the reque- onsibilities described in class List. es were/will be Effective e Signature:	plete to the best of sted position(s) will the proposed job t	my knowledge. perform essentially all of itle and the requested class Date:
PERSONNEL OFFICE	the attached organizational chan Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Forn Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature:	t are accurate and com r certify that the reque- ionsibilities described in Class List. es were/will be Effective e Signature: with agency: knowles	plete to the best of sted position(s) will the proposed job te:	my knowledge. perform essentially all of itle and the requested class Date: Date: Date:
PERSONNEL OFFICE date stamp	the attached organizational char Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Forn Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature: Is this request being submitted w	t are accurate and com r certify that the reque- onsibilities described in 1 Class List. es were/will be Effective e Signature: with agency: knowled by BUDGET DIVISION	plete to the best of sted position(s) will in the proposed job to e:	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Io approval? Yes
PERSONNEL OFFICE	the attached organizational chart Short Form Use Only: I furthet type and level of duties and resp listed on the NPD-19 Short Forn Position Duties or Changed Duti Appointing Authority or Designet Incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date	t are accurate and com certify that the reque consibilities described in Class List. es were/will be Effectiv e Signature; with agency: knowle by BUDGET DIVISION if Change is Approve.	plete to the best of sted position(s) will in the proposed job to e: dge? Yes N ONLY d by DHRM	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Io approval? Yes Date:
PERSONNEL OFFICE date stamp	the attached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer Incumbent Signature: Is this request being submitted v FOR COMPLETION E Approved - Effective Date Approved - Date to be Determined Short Approved - Date to be Determined Short Short Form Approved - Date to be Determined Short Short Form Approved - Date to be Determined Short Short Form Position Short Form Short Form Position Short Form Sho	t are accurate and com certify that the reque consibilities described in Class List. es were/will be Effectiv e Signature; with agency: knowle by BUDGET DIVISION if Change is Approve.	plete to the best of sted position(s) will in the proposed job to e: dge? Yes N ONLY d by DHRM	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Io approval? Yes I Date: M
PERSONNEL OFFICE date stamp	the attached organizational chan Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer Incumbent Signature: Is this request being submitted v FOR COMPLETION E Approved - Effective Date Disapproved Disapproved	t are accurate and com certify that the reque consibilities described in Class List. es were/will be Effectiv e Signature; with agency: knowle by BUDGET DIVISION if Change is Approve.	plete to the best of sted position(s) will in the proposed job to e: dge? Yes N ONLY d by DHRM	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Io approval? Yes Date:
PERSONNEL OFFICE date stamp	the attached organizational chan Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature: Is this request being submitted v FOR COMPLETION E Approved - Effective Date Disapproved Budget Representative Name:	t are accurate and com control that the reque- consibilities described in Class List. es were/will be Effective e Signature: with agency: knowled by BUDGET DIVISION of Change is Approve emined and Change .	plete to the best of sted position(s) will in the proposed job to e: dge? Yes N ONLY d by DHRM	my knowledge. perform essentially all of title and the requested class title and the requested class. Date: Date: Date: Io approval? Yes Date: M Expiration Date:
PERSONNEL OFFICE date stamp	the attached organizational chan Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer Incumbent Signature: Is this request being submitted v FOR COMPLETION E Approved - Effective Date Disapproved Disapproved	t are accurate and com control that the reque- consibilities described in Class List. es were/will be Effective e Signature: with agency: knowled by BUDGET DIVISION of Change is Approve emined and Change .	plete to the best of sted position(s) will in the proposed job to e: dge? Yes N ONLY d by DHRM	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Io approval? Yes I Date: M
PERSONNEL OFFICE date stamp	the attached organizational chan Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature: Is this request being submitted v FOR COMPLETION E Approved - Effective Date Disapproved Budget Representative Name: Budget Representative Signatur Note:	t are accurate and com control that the reque- consibilities described in Class List. es were/will be Effective es Signature: with agency: knowled by BUDGET DIVISION of Change is Approve emined and Change .	plete to the best of sted position(s) will the proposed job to the proposed job t	my knowledge. perform essentially all of title and the requested class title and the requested class. Date: Date: Date: Io approval? Yes Date: M Expiration Date:
PERSONNEL OFFICE date stamp BUDGET DIVISION date stamp	the attached organizational char Short Form Use Only: I further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature: Is this request being submitted v FOR COMPLETION E Approved - Effective Date Approved - Date to be Dete Disapproved Disapproved Budget Representative Name: Budget Representative Signatur Note:	t are accurate and com certify that the regular consibilities described in Class List. es were/will be Effectiv e Signature: with agency: knowled by BUDGET DIVISION if Change is Approve emined and Change. e: ITION BY DHRM ONLY	plete to the best of sted position(s) will the proposed job to the proposed job t	my knowledge. perform essentially all of rittle and the requested class to the requested cl
BUDGET DIVISION date stamp BUDGET DIVISION date stamp	the attached organizational chan Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature: Is this request being submitted v FOR COMPLETION E Approved - Effective Date Approved - Date to be Dete Disapproved Budget Representative Name: Budget Representative Signature Note: FOR COMPLET FOR COMPLET FOR COMPLET 1 FC/Legislative approval of the provided	t are accurate and com certify that the regular consibilities described in Class List. es were/will be Effectiv e Signature: with agency: knowled by BUDGET DIVISION if Change is Approve emined and Change. e: ITION BY DHRM ONLY	plete to the best of sted position(s) will the proposed job to the proposed job t	my knowledge. perform essentially all of rittle and the requested class to the requested cl
PERSONNEL OFFICE date stamp BUDGET DIVISION date stamp	the attached organizational chan Short Form Use Only: I furthe type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature: Is this request being submitted v FOR COMPLETION E Approved - Effective Date Approved - Date to be Dete Disapproved Budget Representative Name: Budget Representative Signature Note: FOR COMPLET FOR COMPLET FOR COMPLET 1 FC/Legislative approval of the provided	t are accurate and com certify that the regular consibilities described in Class List. es were/will be Effectiv e Signature: with agency: knowled by BUDGET DIVISION if Change is Approve emined and Change. e: ITION BY DHRM ONLY	plete to the best of sted position(s) will the proposed job the: e: ige? Yes N ONLY d by DHRM Approved by DHR	perform essentially all of title and the requested class Date: Date: Date: Date: Date: M Expiration Date: Date:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets No Use Hiring Process	the attached organizational char Short Form Use Only: I furthet type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designer Incumbent Signature: Is this request being submitted w FOR COMPLETION E Approved - Effective Date Disapproved Disapproved Budget Representative Name: Budget Representative Signatur Note: FOR COMPLETION E Budget Representative Signatur Note: FOR COMPLETION E State of Disapproved Completed Budget Representative Signatur Note: FOR COMPLETION E GAPPOVED COMPLETION COMPLETI	t are accurate and com certify that the regular consibilities described in Class List. es were/will be Effectiv e Signature: with agency: knowled by BUDGET DIVISION if Change is Approve emined and Change. e: ITION BY DHRM ONLY equired?	plete to the best of sted position(s) will the proposed job the: e: ige? Yes N ONLY d by DHRM Approved by DHR	my knowledge. perform essentially all of it it and the requested class it it and the requested class. Date: Date: Date: Date: M Expiration Date: Date: Study#:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOL Incumbent meets MC	the attached organizational char Short Form Use Only: 1 further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature: Is this request being submitted water of the NPD-19 Short Form Position Duties or Changed Duties of the NPD-19 Short Form Position Disapproved - Effective Date: Approved - Effective Date: Approved - Effective Date: Approved - Date to be Determined Disapproved Budget Representative Name: Budget Representative Signature Note: FOR COMPLETION EFFOR COMPLETION FOR COMPLETION COMPLETIO	t are accurate and com contify that the reque- consibilities described in Class List. es were/will be Effectiv e Signature: with agency: knowled by BUDGET DIVISION off Change is Approve- emined and Change. e: FION BY DHRM ONLY equired? Agency Org/Budge	plete to the best of sted position(s) will the proposed job the: dge? Yes NONLY d by DHRM Approved by DHR No	my knowledge. perform essentially all of itile and the requested class title and the requested class. Date: Date: Date: Io approval? Yes it Expiration Date: Date: Study#: Effective Date:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOL Incumbent meets MC Yes No Use Hiring Process Preliminary Approval Pe FY / Budget ar	the attached organizational char Short Form Use Only: 1 further type and level of duties and resp listed on the NPD-19 Short Form Position Duties or Changed Duti Appointing Authority or Designed Incumbent Signature: Is this request being submitted water of the NPD-19 Short Form Position Duties or Changed Duties of the NPD-19 Short Form Position Disapproved - Effective Date: Approved - Effective Date: Approved - Effective Date: Approved - Date to be Determined Disapproved Budget Representative Name: Budget Representative Signature Note: FOR COMPLETION EFFOR COMPLETION FOR COMPLETION COMPLETIO	t are accurate and com contify that the reque- consibilities described in Class List. es were/will be Effectiv e Signature: with agency: knowled by BUDGET DIVISION off Change is Approve- emined and Change. e: FION BY DHRM ONLY equired? Agency Org/Budge	plete to the best of sted position(s) will the proposed job the: dge? Yes NONLY d by DHRM Approved by DHR No	my knowledge. perform essentially all of title and the requested class title and the requested class. Date: Date: Date: In approval? Yes In approval Yes In a



Vacant Existing Position

- Starts with the agency
 - O What has happened?
 - O What is needed?
 - What are the new expectations of the position?
 - O Will other positions be affected?
- Complete and submit NPD-19 form and applicable attachments

		STATE OF POSITION QU	NEVADA ESTIONNAIRE				-
Initiated By: Agency Employee				New New Recta	Classifica Position Position - S assify Filled assify Vaca	hort Fo	rm on
Budget Build Decision	on Unit			Legis	lative Revi	ew FY	1
DEPARTMENT/DIVISION/A AGENCY ID # (3 digits):			POSITION CONTRO	DL #:	HUM M.	DIVISION AN RESI ANAGEM date star	OURCE
CURRENT CLASS TITLE:			CLASS CODE:	GRADE:			
REQUESTED CLASS TITLE	E:		CLASS CODE:	GRADE:			
INCUMBENT NAME:			EMAIL:		PHONE		
SUPERVISOR NAME AND			EMAIL:		PHONE		
APPOINTING AUTHORITY			EMAIL:		PHONE	3.5	
HUMAN RESOUCE REPRE		APPOINTING AUTHORITY	EMAIL:		PHONE	ř:	
AGENCY PERSONNEL OFFICE date stamp	the at	fy that I have read the NPD- tached organizational chart a	are accurate and comp	lete to the best of	f my knowle	edge.	
PERSONNEL OFFICE	Short type a listed Positii Appoi	fached organizational chart at Form Use Only: I further or and level of duties and responsible on the NPD-19 Short Form on Duties or Changed Duties inting Authority or Designeembent Signature:	are accurate and comp certify that the request nsibilities described in t Class List. s were/will be Effective: Signature:	lete to the best of ed position(s) withe proposed job	of my knowled III perform e title and the	edge. essential e reques Date: Date:	ly all of ted class
PERSONNEL OFFICE	Short type a listed Positii Appoi	dached organizational chart at Form Use Only: I further of and level of duties and respondent NPD-19 Short Form to on Duties or Changed Duties inting Authority or Designee	are accurate and componently that the request insibilities described in totals List. It is were/will be Effective. Signature: th agency: knowledge the knowledge in the component in the compone	lete to the best of ed position(s) withe proposed job	of my knowle II perform e	edge. essential e reques Date: Date:	ly all of
PERSONNEL OFFICE	the at Short type a listed Positii Appoil Incum Is this	tached organizational chart in Form Use Only: I further in Form Use Only: I further ind level of duties and respond the NPD-19 Short Form in On Duties or Changed Duties initing Authority or Designee in the Chart of the NPD-19 Short Signature: is required being submitted with FOR COMPLETION BY pproved - Effective Date if pproved - Date to be Detensiapproved	are accurate and comp certify that the requests insbiblities described in to class List. Is were/will be Effective. Signature: th agency: knowledg BUDGET DIVISION C Change is Approved	lete to the best of ed position(s) withe proposed job	of my knowled in perform et title and the second in the se	edge. essential e reques Date: Date: Date: Date: Date:	ly all of ted class
PERSONNEL OFFICE date stamp	the at Short type a listed Positii Appoi Incum Is this	tached organizational chart it form Use Only: I further of and level of duties and respo- on the NPD-19 Short Form in on Duties or Changed Duties inting Authority or Designee abent Signature: request being submitted will FOR COMPLETION BY ppproved - Effective Date if pproved - Date to be Deter	are accurate and comp certify that the requesti- cisibilities described in t Class List. swere/will be Effective. Signature: th agency: knowledg BUDGET DIVISION C Change is Approved mined and Change Ap	lete to the best of ed position(s) withe proposed job	of my knowled in perform et title and the state of the st	edge. essential e reques Date: Date: Date: Date: Date:	ly all of ted class
PERSONNEL OFFICE date stamp BUDGET DIVISION date stamp	the at Short type a listed Positii Appoi Incum Is this A A D Budge Budge Note:	tached organizational chart in Form Use Only: I further in Form Use Only: I further and level of duties and respond the NPD-19 Short Form in On Duties or Changed Duties inting Authority or Designee obent Signature: is request being submitted with FOR COMPLETION BY pproved - Effective Date if pproved - Date to be Deter isapproved et Representative Name: et Representative Signature:	are accurate and comp certify that the requests insibilities described in t class List. Signature: th agency: knowleds BUDGET DIVISION C Change is Approved mined and Change Ap ON BY DHRM ONLY	lete to the best of ed position(s) withe proposed job	of my knowled in perform et title and the state of the st	edge. essential e reques Date: Date: Date: Date: n Date:	ly all of ted class
BUDGET DIVISION date stamp BUDGET DIVISION date stamp	the at Short type a listed Positit Appoil Incum Is this A D Budge Budge Note:	fached organizational chart it from Use Only: I further of and level of duties and respo- on the NPD-19 Short Form in on Duties or Changed Duties inting Authority or Designee bent Signature: s request being submitted will FOR COMPLETION BY pproved - Effective Date if pproved - Date to be Deten isapproved et Representative Name: et Representative Signature:	are accurate and comp certify that the requests insibilities described in t class List. Signature: th agency: knowleds BUDGET DIVISION C Change is Approved mined and Change Ap ON BY DHRM ONLY	lete to the best of ed position(s) withe proposed job	of my knowled in perform et title and the state of the st	edge. essential e reques Date: Date: Date: Date: n Date:	ly all of ted class
BUDGET DIVISION date stamp	the at Short type a listed Positit Appoil Incum Is this A D Budge Budge Note:	tached organizational chart it form Use Only: I further or and level of duties and respon on the NPD-19 Short Form to on Duties or Changed Duties inting Authority or Designee intending Authority or Designee obent Signature: request being submitted will FOR COMPLETION BY proved - Date to be Deter isapproved et Representative Name: et Representative Name: et Representative Signature:	are accurate and comp certify that the requests insibilities described in t class List. Signature: th agency: knowleds BUDGET DIVISION C Change is Approved mined and Change Ap ON BY DHRM ONLY	elete to the best of the dead position(s) with the proposed job services of the proposed job services o	of my knowled in perform e title and the title and the in title and the in title and the interest in title and the interes	edge. essential e reques Date: Date: Date: Date: Date: Date:	ly all of ted class
BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ' Yes \[\text{No}\] Use Hiring Process Preliminary Approval Per	the at Short type a a listed Positic Appolo Incum Is this Appolo Incum Is this Budge Note:	ifached organizational chart in Form Use Only: I further in Form Use Only: I further in on Duties or Changed Duties and respond the NPD-19 Short Form in on Duties or Changed Duties inting Authority or Designeen when Signature: is request being submitted with FOR COMPLETION BY pproved - Effective Date if pproved - Date to be Deternisapproved et Representative Name: et Representative Name: et Representative Agency ID#: FOR COMPLETI IFG/Legislative approval re Yes, Date Approved: Agency ID#: Class Code:	are accurate and comp certify that the requests institution that the request class List. Signature: In agency: knowledg BUDGET DIVISION C Change is Approved mined and Change Aj ON BY DHRM ONLY quired?	elete to the best of the dead position(s) with the proposed job services of the proposed job services o	of my knowled in perform e de la constitute and the la constitute	edge. ssentiale reques Date: Date: Date: Date: Date: Date: Date: Date:	ly all of ted class
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ' Yes No	the at Short type a listed Positif Appoil Incum Is this Budge Budge Note:	ifached organizational chart if Form Use Only: I further in Hevel of duties and respond the NPD-19 Short Form to no Duties or Changed Duties inting Authority or Designee inbent Signature: i request being submitted will FOR COMPLETION BY pproved - Effective Date if pproved - Date is approved et Representative Name: et Representative Name: FOR COMPLETI Agency ID#:	are accurate and comp certify that the requests insibilities described in t Class List. Signature: In agency: knowled; BUGGET DIVISION C Change is Approved mined and Change Aj ON BY DHRM ONLY quired? Agency Org/Budgets	elete to the best of the depth of the proposed job in the proposed	if my knowled in perform e interest in the int	edge. ssentiale reques Date: Date: Date: Date: Date: Date: Date: Date:	ly all of ted class



Filled Existing Position

- May start with the agency or position incumbent
 - O What has happened?
 - O What is needed?
 - What are the new expectations of the position?
 - O Will other positions be affected?
- Complete and submit NPD-19 form and applicable attachments

	STATE OF POSITION QU	F NEVADA ESTIONNAIR	E		
Initiated By: Agency Employee			New F	Classification Re Position Position - Short Fo ssify Filled Positions	rm n
Budget Build Decisi	on Unit			lative Review FY	/
	POSITION IN	NFORMATION			
DEPARTMENT/DIVISION/A				DIVISION HUMAN RESI MANAGEM	DURCE
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	ROL#:	date star	np
CURRENT CLASS TITLE:		CLASS CODE:	GRADE:		
REQUESTED CLASS TITL	E:	CLASS CODE:	GRADE:		
INCUMBENT NAME:		EMAIL:	j.	PHONE#:	
SUPERVISOR NAME AND	TITLE:	EMAIL:		PHONE#:	
APPOINTING AUTHORITY	OR DESIGNEE NAME AND TITLE:	EMAIL:		PHONE#:	
HUMAN RESOUCE REPRE	SENTATIVE NAME AND TITLE:	EMAIL:		PHONE#:	
	APPOINTING AUTHORITY	/INCUMBENT CERTI	FICATION		
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD- the attached organizational chart : Short Form Use Only: I further of type and level of duties and respo	are accurate and com certify that the reques	plete to the best of sted position(s) will	f my knowledge. I perform essential	ly all of th
	listed on the NPD-19 Short Form	Class List.		Date:	tou oldoo i
	Appointing Authority or Designee		e.	Date:	
	Incumbent Signature:	Signature.		Date:	
	Is this request being submitted wit			No approval?	res No
	Is this request being submitted with				res No
BUDGET DIVISION	FOR COMPLETION BY Approved - Effective Date if	BUDGET DIVISION Change is Approve	ONLY by DHRM	Date:	res No
BUDGET DIVISION date stamp	FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter	BUDGET DIVISION Change is Approve	ONLY by DHRM	Date:	res No
	FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved	BUDGET DIVISION Change is Approve	ONLY by DHRM	Date:	res No
	FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved Budget Representative Name:	Y BUDGET DIVISION Change is Approved mined and Change	ONLY by DHRM	Date:	res No
	FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved	Y BUDGET DIVISION Change is Approved mined and Change	ONLY by DHRM	Date:	res No
date stamp	FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved Budget Representative Name: Budget Representative Signature: Note:	F BUDGET DIVISION Change is Approved mined and Change is Change in the change is considered and	ONLY d by DHRM Approved by DHR	Date:	res No
date stamp INSTRUCTIONS TO APPOINTING AUTHOR	FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved Budget Representative Name: Budget Representative Signature: Note: FOR COMPLETI DISTRIPTY Yes, Date Approved:	F BUDGET DIVISION Change is Approved mined and Change is Change in the change is considered and	ONLY d by DHRM Approved by DHR	Date:	res No
date stamp	FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved Budget Representative Name: Budget Representative Signature: Note: FOR COMPLETI DISTRIPTY Yes, Date Approved:	F BUDGET DIVISION Change is Approved mined and Change is Change in the change is considered and	ONLY d by DHRM Approved by DHR	Date:	/es No
INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MO Yes No Use Hiring Process	FOR COMPLETION BY Approved - Effective Date if Disapproved Budget Representative Name: Budget Representative Signature: Note: FOR COMPLETI Yes, Date Approved: Agency ID#: Class Code:	/ BUDGET DIVISION Change is Approved mined and Change is CON BY DHRM ONLY quired?	ONLY d by DHRM Approved by DHR	Date: M Expiration Date: Date: Study#:	res No
INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MO yes No	FOR COMPLETION BY Approved - Effective Date if Disapproved Budget Representative Name: Budget Representative Signature: Note: FOR COMPLETI JEC/Legislative approval re Agency ID#: Class Code: Inding Class Title:	/ BUDGET DIVISION Change is Approver mined and Change is ON BY DHRM ONLY quired? Agency Org/Budge	ONLY I by DHRM Approved by DHR No	Date: M Expiration Date: Date: Study#: Effective Date:	ves No
INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MQ Yes No Use Hiring Process Preliminary Approval Pe	FOR COMPLETION BY Approved - Effective Date if Disapproved Budget Representative Name: Budget Representative Signature: Note: FOR COMPLETI JEC/Legislative approval re Agency ID#: Class Code: Inding Class Title:	/ BUDGET DIVISION Change is Approver mined and Change is ON BY DHRM ONLY quired? Agency Org/Budge	ONLY I by DHRM Approved by DHR No	Date: M Expiration Date: Date: Study#: Effective Date:	res No

NPD-19 (Rev 4/29/2024) Fage 1



Existing Position Legislative Review

- Starts with the agency
 - O What has happened?
 - O What is needed?
 - O What will be expected of the position?
 - O Will other positions be affected?
- Follow the Reclassification process
- Complete and submit NPD-19 and applicable attachments to DHRM for preliminary approval
- Upload the NPD-19 into NEBS before final submittal, then upload the NPD-19 and preliminary approval letter as part of the agency's budget request
- If approved in the agency's budget, submit the NPD-19 and preliminary approval letter, to DHRM for final approval

		STATE OF POSITION QU	F NEVADA ESTIONNAIRE	E .	<
Initiated By: Agency Employee				New P	lassification Request osition osition - Short Form ssify Filled Position
Interim	o I seren				ssify Vacant Position
Budget Build Decis	ion Unit	POSITION IN	FORMATION	Legisi	ative Review FY /
DEPARTMENT/DIVISION/	AGENCY				DIVISION OF HUMAN RESOURCE MANAGEMENT
AGENCY ID # (3 digits):	BU	IDGET # (4 digits):	POSITION CONTRO	OL #:	date stamp
CURRENT CLASS TITLE:			CLASS CODE:	GRADE:	
REQUESTED CLASS TITL	.E:		CLASS CODE:	GRADE:	
INCUMBENT NAME:			EMAIL:	e .	PHONE#:
SUPERVISOR NAME AND	TITLE:		EMAIL:		PHONE#:
APPOINTING AUTHORITY	OR DES	IGNEE NAME AND TITLE:	EMAIL:		PHONE#:
HUMAN RESOUCE REPRE	ESENTAT	TIVE NAME AND TITLE:	EMAIL:		PHONE#:
AGENCY PERSONNEL OFFICE date stamp	the a	APPOINTING AUTHORITY tify that I have read the NPD- attached organizational chart	19 instructions and tha are accurate and comp	it the statements polete to the best of	my knowledge.
PERSONNEL OFFICE	shor type listed Posit	tify that I have read the NPD- ttached organizational chart. It Form Use Only: I further and level of duties and respo d on the NPD-19 Short Form tion Duties or Changed Duties	19 instructions and that are accurate and componentify that the request insibilities described in Class List. Is were/will be Effective.	It the statements polete to the best of led position(s) will the proposed job to	my knowledge. perform essentially all of itle and the requested class Date:
PERSONNEL OFFICE	Short type listed Posit Appo	tify that I have read the NPD- uttached organizational chart. It Form Use Only: I further and level of duties and respo d on the NPD-19 Short Form tion Duties or Changed Duties inting Authority or Designee	19 instructions and that are accurate and componentify that the request insibilities described in Class List. Is were/will be Effective.	It the statements polete to the best of led position(s) will the proposed job to	my knowledge. perform essentially all of itte and the requested class Date: Date:
PERSONNEL OFFICE	short type listed Posit Appo	tify that I have read the NPD- titached organizational chart art Form Use Only: I further and level of duties and respo d on the NPD-19 Short Form tion Duties or Changed Dutie-binting Authority or Designee mbent Signature:	19 instructions and tha are accurate and comp certify that the request insibilities described in Class List. s were/will be Effective Signature:	It the statements polete to the best of the death of the best of the position(s) will the proposed job to	my knowledge. perform essentially all of itile and the requested class Date: Date: Date:
PERSONNEL OFFICE	short type listed Posit Appo	tify that I have read the NPD- tlatched organizational chart or Form Use Only: I further and level of duties and respo I on the NPD-19 Short Form ition Duties or Changed Duties binting Authority or Designee mbent Signature: s request being submitted wi	19 instructions and tha are accurate and composition of the certify that the request nsibilities described in Class List. s were/will be Effective Signature: th agency: knowled	It the statements polete to the best of leed position(s) will the proposed job to see the proposed you to see the proposed you to see the proposed you have you have you the proposed you have you ha	my knowledge. perform essentially all of itile and the requested class Date: Date: Date:
PERSONNEL OFFICE date stamp	the a Short type listed Posit Appo Incur Is thi	tify that I have read the NPD- titached organizational chart of Form Use Only: I further and level of duties and respo of on the NPD-19 Short Form tion Duties or Changed Dutie inclining authority or Designee mitted to the National Control of the strength of the National Control of the strength or the NPD of the NPD of the strength organization of the NPD of the	19 instructions and tha are accurate and comp certify that the request nsibilities described in Class List. s were/will be Effective Signature: th agency: knowled / BUDGET DIVISION of	It the statements polete to the best of leed position(s) will the proposed job to see the proposed job	my knowledge. perform essentially all of title and the requested class Date: Date: Date: In the control of the
PERSONNEL OFFICE date stamp	the a Short type listed Posit Appo Incur Is thi	tify that I have read the NPD- titached organizational chart or Form Use Only: I further and level of duties and respo of on the NPD-19 Short Form tion Duties or Changed Dutiesiniting Authority or Designee mbent Signature: s request being submitted will FOR COMPLETION BY Approved - Effective Date if	19 instructions and that are accurate and compare accurate accu	It the statements polete to the best of blede to the best of blede position(s) will the proposed job to th	my knowledge. perform essentially all of title and the requested clas Date:
PERSONNEL OFFICE date stamp	the a Short type listed Posit Appo Incur Is thi	tify that I have read the NPD- titached organizational chart of Form Use Only: I further and level of duties and respo of on the NPD-19 Short Form tion Duties or Changed Dutie inclining authority or Designee mitted to the National Control of the strength of the National Control of the strength or the NPD of the NPD of the strength organization of the NPD of the	19 instructions and that are accurate and compare accurate accu	It the statements polete to the best of blede to the best of blede position(s) will the proposed job to th	my knowledge. perform essentially all of title and the requested clas Date:
PERSONNEL OFFICE date stamp	the a Short type listect Posit Appc Incur Is thi	tily that I have read the NPD- Itached organizational chart : **T Form Use Only: I further: and level of duties and respo to n the NPD-19 short Form tion Duties or Changed Dutie pinting Authority or Designee mbent Signature: s request being submitted wif FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter **Top Top Top Top Top Top Top Top Top Top	19 instructions and that are accurate and compare accurate accu	It the statements polete to the best of blede to the best of blede position(s) will the proposed job to th	my knowledge. perform essentially all of filte and the requested class Date: Date: Date: O approval? Yes Date:
PERSONNEL OFFICE date stamp	the a Short type listect Positi Appc Incur Is thi	tily that I have read the NPD- ttached organizational chart or Form Use Only: I further- and level of duties and respo to the NPD-19 Short Form tion Duties or Changed Dutie- piniting Authority or Designee ment Signature: s request being submitted wir FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved pet Representative Name: pet Representative Signature:	19 instructions and tha are accurate and comp certify that the request nsibilities described in Class List. s were/will be Effective Signature: th agency: knowled BUDGET DIVISION Of Change is Approved mined and Change A	It the statements polete to the best of blede to the best of blede position(s) will the proposed job to th	my knowledge. perform essentially all of fittle and the requested class Date: Date: Date: O approval? Yes Date:
PERSONNEL OFFICE date stamp	the a Short type listect Positi Appc Incur Is thi	tily that I have read the NPD- ttached organizational chart or Form Use Only: I further- and level of duties and respo to the NPD-19 Short Form tion Duties or Changed Dutie- piniting Authority or Designee ment Signature: s request being submitted wir FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved pet Representative Name: pet Representative Signature:	19 instructions and tha are accurate and comp certify that the request nsibilities described in Class List. s were/will be Effective Signature: th agency: knowled BUDGET DIVISION Of Change is Approved mined and Change A	It the statements polete to the best of blede to the best of blede position(s) will the proposed job to th	my knowledge. perform essentially all of title and the requested clas Date: Date: Date: Date: Date: MExpiration Date:
PERSONNEL OFFICE date stamp	the a Short type listect Positi Appc Incur Is thi	tify that I have read the NPD- tlatched organizational chart or Form Use Only: I further and level of duties and respo to the NPD-19 Short Form to only: I further and level of duties and respo to the NPD-19 Short Form tion Duties or Changed Dutie ointing Authority or Designee meent Signature: Is request being submitted wif FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved better Disapproved to the Deter Disapproved better Disapproved to the Deter Disappr	19 instructions and that are accurate and concertly that the request insibilities described in Class List. It is were/will be Effective Signature: th agency: knowled/BUDGET DIVISION of Change is Approved mined and Change A	It the statements polete to the best of blede to the best of blede position(s) will the proposed job to th	my knowledge. perform essentially all of title and the requested clas Date: Date: Date: Date: Date: MExpiration Date:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp	the a Shoi Shoi Shoi Shoi Shoi Shoi Shoi Shoi	tily that I have read the NPD- ttached organizational chart in Form Use Only: I further: and level of duties and respo to in the NPD-19 short Form to on the NPD-19 short Form tion Duties or Changed Duties inpitting Authority or Designee mbent Signature: s request being submitted with FOR COMPLETION BY Approved - Effective Date if approved by the provided of the Provided Policy of the Pro	19 instructions and that are accurate and concertly that the request insibilities described in Class List. It is were/will be Effective Signature: th agency: knowled/PUDGET DIVISION of Change is Approved mined and Change A	It the statements polete to the best of blede to the best of blede position(s) will the proposed job to th	my knowledge. perform essentially all of title and the requested clas Date: Date: Date: Date: Date: MExpiration Date:
BUDGET DIVISION date stamp BURGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MC Yes No.	the a Shoi Shoi Shoi Shoi Shoi Shoi Shoi Shoi	tify that I have read the NPD- titached organizational chart or Form Use Only: I further and level of duties and respo of on the NPD-19 short Form tion Duties or Changed Duties initing Authority or Designee mibent Signature: s request being submitted with FOR COMPLETION BY Approved - Effective Date if Approved - Date to be Deter Disapproved of Designee to be peter Disapproved of Designee to be peter Disapproved of Designee The Complete Designee The Complete Designee The Complete The	19 instructions and that are accurate and concertly that the request insibilities described in Class List. It is were/will be Effective Signature: th agency: knowled/PUDGET DIVISION of Change is Approved mined and Change A	t the statements palete to the best of the best of the def of position(s) will the proposed job to the proposed job	my knowledge. perform essentially all of file and the requested clas
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MC Yes No Use Hiring Process Preliminary Approval Pe	the a Short	thy that I have read the NPD- tlatched organizational chart or Form Use Only: I further and level of duties and respo to the NPD- translation of the NPD-19 Short Form to only: I further and level of duties and respo to the NPD-19 Short Form tion Duties or Changed Dutie oinling Authority or Designee meent Signature: Is request being submitted with FOR COMPLETION BY Approved - Bate to the Deter Disapproved - Effective Date if Approved - Date to be Deter Disapproved to the Policy of the Po	19 instructions and tha are accurate and come are accurate and come certify that the request insibilities described in Class List. s were/will be Effective Signature: th agency: knowled by BUDGET DIVISION of Change is Approved mined and Change A come and Change A come are accurately and Change A come and Change A come are accurately and Change A come and Change A come are accurately accuratel	t the statements palete to the best of the best of the def of position(s) will the proposed job to the proposed job	my knowledge. perform essentially all of title and the requested class Date: Date: Date: Date: Io approval? Yes Date: M Expiration Date: Study#:
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MC Yes No Use Hiffing Process Preliminary Approval Pe FY J Budget ag and no changes to the danges to the day	the a Short	tify that I have read the NPD- titached organizational chart or Form Use Only: I further and level of duties and respo to the NPD-19 Short Form to only: I further and level of duties and respo to the NPD-19 Short Form tion Duties or Changed Duties in the NPD-19 Short Form tion Duties or Changed Duties on the NPD-19 Short Form tion Duties or Changed Duties in the NPD-19 Short Form tion Duties or Changed Short Sh	19 instructions and tha are accurate and courate and concertly that the request insibilities described in Class List. s were/will be Effective Signature: th agency: knowled/ BUDGET DIVISION of Change is Approved mined and Change A ON BY DHRM ONLY quired? Agency Org/Budget	t the statements plete to the best of belief to the best of ded position(s) will the proposed job to the p	my knowledge. perform essentially all of tile and the requested class Date: Date: Date: Date: lo approval?
BUDGET DIVISION date stamp BUDGET DIVISION date stamp INSTRUCTIONS TO APPOINTING AUTHOR Incumbent meets MC Yes No Use Hiring Process Preliminary Approval Per Pr / Buddet at	the a Short	thy that I have read the NPD- tlatched organizational chart or Form Use Only: I further and level of duties and respo to the NPD- translation of the NPD-19 Short Form to only: I further and level of duties and respo to the NPD-19 Short Form tion Duties or Changed Dutie oinling Authority or Designee meent Signature: Is request being submitted with FOR COMPLETION BY Approved - Bate to the Deter Disapproved - Effective Date if Approved - Date to be Deter Disapproved to the Policy of the Po	19 instructions and tha are accurate and courate and concertly that the request insibilities described in Class List. s were/will be Effective Signature: th agency: knowled/ BUDGET DIVISION of Change is Approved mined and Change A ON BY DHRM ONLY quired? Agency Org/Budget	t the statements plete to the best of belief to the best of ded position(s) will the proposed job to the p	my knowledge. perform essentially all of tile and the requested class Date: Date: Date: Date: lo approval?

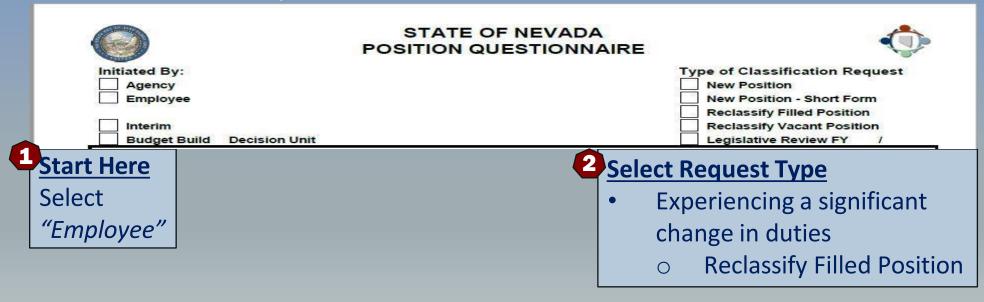
6 STEPS TO COMPLETE NPD-19 FOR RECLASSIFICATION REQUEST

- 1. Page 1 Heading, Left Side
- 2. Page 1 Heading, Right Side
- 3. Page 1 Heading, Position Information Section
- 4. Page 1, Certification Section
- 5. Questions 1-9 Responses
- 6. Submit NPD-19 and Required Documentation



INCUMBENT DRIVEN RECLASSIFICATION

Pursuant to NAC 284.130, employees of the State of Nevada in a classified position may submit a request to reclassify their position on their own initiative.





	STATE OF NEVADA POSITION QUESTIONNAIRE	4
Initiated By:		Type of Classification Reques
Agency		New Position
Employee		New Position - Short Form
		Reclassify Filled Position
Interim		Reclassify Vacant Position
Budget Build Decision Unit		Legislative Review FY /

Start Here

- Indicate the request is "Agency" initiated
- Indicate whether the request is before (Budget Build) or after (Interim) the budget appropriation

2 Select Request Type

Is the request to reclassify an existing position based on:

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



Next

Complete the "Position Information" section

3

- Include PCN(s) or a separate sheet with all PCNs included in this request
- Include both the name and title of the supervisor, appointing authority or designee, and human resource representative

	POSITION II	NFORMATION		5	
DEPARTMENT/DIVISION/A	GENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT	
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTR	ROL#:	date stamp	
CURRENT CLASS TITLE:	*	CLASS CODE:	GRADE:		
REQUESTED CLASS TITLE	1	CLASS CODE:	GRADE:	1	
INCUMBENT NAME:		EMAIL:		PHONE#:	
SUPERVISOR NAME AND	TITLE:	EMAIL:		PHONE#: PHONE#:	
APPOINTING AUTHORITY	OR DESIGNEE NAME AND TITLE:				
HUMAN RESOUCE REPRE	SENTATIVE NAME AND TITLE:	EMAIL:		PHONE#:	
	APPOINTING AUTHORITY	/INCUMBENT CERT	IFICATION		
AGENCY PERSONNEL OFFICE	I certify that I have read the NPD- the attached organizational chart	19 instructions and th are accurate and com	at the statements	provided in this NPD-19 and of my knowledge.	
date stamp	Short Form Use Only: I further type and level of duties and responsited on the NPD-19 Short Form	nsibilities described in			
	Position Duties or Changed Dutie	s were/will be Effectiv	re:	Date:	
	Appointing Authority or Designee	Signature:		Date:	
	Incumbent Signature:			Date:	
	Is this request being submitted wi	th agency: knowled	dge? Yes	No approval? Yes No	

Next

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



Next Respond to the 9 questions and statements

1.	What is the major purpose of this request?	
2. 3.	Are there similar positions in the agency with like duties of this position to compare to? What are the duties performed by this position? Describe the duties in detail. Put an 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".	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:
	DUTY DUTY STATEMENT NUMBER	Check applicable boxes: Performance Appraisal
		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?
		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.	number of all employees that this position functions as a lead worker for. Describe, in detail, the extent of lead worker responsibility exercised by this position.	
	Yes No	
	Check applicable boxes: Work Assignment Training Other (Specify): Work Review Scheduling	
NPD	-19 (Rev 4/29/2024) Page 2	NPD-19 (Rev 4/29/2024) Page 3



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



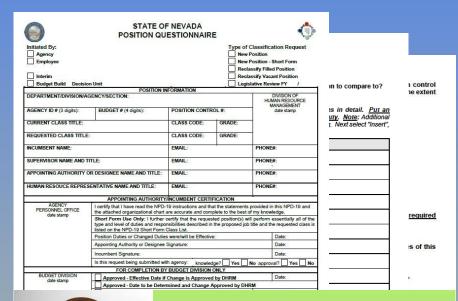
- Submit Budget Build Classification Requests to DHRM at <u>comp.class@admin.nv.gov</u>
- Submit to DHRM
 - NPD-19
 - Justification Memo, if agency does not support an incumbent driven request
 - Current and Proposed Organizational Charts
 - Applicable Documents
- Upload into NEBS
 - Salary Projection
 - o NPD-19
 - Current and Proposed Organizational Charts
 - Applicable Documents

RECLASSIFICATION ANALYSIS



DHRM Analyst will

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





- Current and proposed organization charts
- Legislation, board or commission minutes, new organization plan, audit findings
- Copy of work performance standards

Reasons Which <u>May</u> Justify Reclassification



- Significant change in the position's duties and responsibilities
- 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



- Increased workload
- No opportunities for promotion
- 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

- Incumbent
 - o Is at step 10
 - Is reaching retirement
 - Is a star employee
 - Possesses a college degree
 - Is required to learn new technologies
 - Has more experience than coworkers
 - Required to update skills to perform the same duties

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 as a result of 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.

MAJORITY OF DUTIES



- The classification of a position is based on the type and level of the majority of the duties and responsibilities assigned.
- The NPD-19 must demonstrate that the new duties assigned affect the balance of the total duties of the position to such a degree that the majority of the duties and responsibilities are now at the higher grade level or fit more appropriately in a different occupational group and class.

 What are the duties performed by this position? Describe the duties in detail. <u>Put an</u> 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

RECLASSIFICATION -POSITION/DESK AUDIT PROCESS

HTTPS://HR.NV.GOV/UPLOADEDFILES/HRNVGOV/CONTENT/RESOURCES/PUBLICATIONS/JOBCLASSIFICATIONDESKAUDIT.PDF

An interview with the incumbent and/or supervisor of an existing position will be scheduled, if clarifying information is required.

REASONS WHICH MAY JUSTIFY RECLASSIFICATION

- A position experiences significant change in duties and responsibilities that alters the basic mission or purpose of the position to the degree that it no longer meets the class to which it is allocated, per Nevada Administrative Code (NAC) 284 179.
- A major function is added or removed from a position.
- Methods for performing the work of a position require significantly higher levels of knowledge, skill, or ability than indicated on the current class specification for the position's allocated class
- A position is assigned responsibility for making program recommendations and decisions with a degree of authority and independence not typical of other positions in its allocated class.
- The majority of duties and responsibilities assigned to a position that is allocated to a technical or clerical class aligns more closely with a professional class.
- A position allocated to a non-supervisory class is assigned supervisory responsibilities including developing work performance standards, hiring, assigning and reviewing work, training, conducting performance evaluations, and disciplinary actions, and aligns more closely with another class.
- A department has reorganized its divisions, sections, and/or units resulting in the duties and responsibilities of a position changing.

REASONS WHICH DO NOT JUSTIFY

- The position's workload has increased.
- The position's incumbent is at step 10 or approaching retirement and there are no opportunities for promotion.
- The work performance of a position's incumbent is far superior to his or her co-workers.
- The incumbent possesses higher qualifications in terms of education or experience than other employees in the class or has recently received a college degree.
- The position's incumbent has been required to learn new technologies or otherwise update his or her skills to perform the same duties using new methods.
- The incumbent has new duties that are similar in nature and equally or less complex than those expected of the position's class.

Division of Human Resource Management (DHRM) Offices

Carson Cit

515 East Musser Street, Suite 101 Carson City, NV 89701 775-684-0150

Las Vegas 7251 Amigo Street, Suite 120 Las Vegas, NV 89119 702-486-2900

hr.nv.gov



POSITION CLASSIFICATION

A guide to the NPD-19 Process



STATE OF NEVADA DIVISION OF HUMAN RESOURCE MANAGEMENT, COMPENSATION & CLASSIFICATION SECTION

POSITION CLASSIFICATION

Position classification is a process of grouping positions into classes based on similar or like duties responsibilities, and qualification requirements and assigning fair and equitable grade levels. The purpose of the reclassification process is to ensure that positions assigned equal duties are classified at the same class and grade level. Private sector pay is not considered when determining the appropriate grade level for the assigned duties.

DHRM classification staff conduct three types of classification studies. One is an Occupational Group Study involving all classes in a particular occupational group. Another type is a Class Specification Maintenance Review. And the last type is the individual classification study of new positions or review of existing positions that have undergone significant change in duty assignments.

This brochure explains the individual classification study portion of Position Classification, known as the NPD-19 process

SIGNIFICANT CHANGE

An established position must undergo significant change ass defined in NAC 284.126 to justify reclassification. The duties must be outside the scope of the current class; are not part of the scope of responsibility of the position; and results in the majority, of duties being allocated to a different class.

Reclassification of a position does not automatically result in a salary increase. Positions may be reclassified upward, downward, or laterally.

NPD-19 PROCESS

The incumbent and/or agency of a position to be studied must complete the Nevada Position Questionnaire (NPD-19). Although an NPD-19 may be submitted without the knowledge, approval, or signature of the appointing authority. DHRM recommends the incumbent contact their organization's HR staff before submitting their NPD-19. This is to ensure that the incumbent is following any internal procedures, allowing the organization to verify the accuracy of statements about the position, and to eliminate any confusion about exactly what duties are assigned to the position. If an submitted without these signatures, DHRM will send a copy to the agency HR liaison to obtain the appointing authority signature and verify the statements contained in the NPD-19.

The NPD-19 is then submitted to the Governor's Finance Office (GFO). Budget Division to ensure funding is available for the requested change in classification. Once the GFO has signed the NPD-19 and forwarded it to DHRM it will be logged, assigned to an Analyst, and notification will then be sent to all parties of the name of the DHRM Analyst to whom it has been assigned. Once notification has been made as to who will be conducting the study, contact can be made with the DHRM Analyst at any time to ask questions or to receive a progress report.

Typical turnaround time for a classification study is 30 days or less, not counting two study is 30 days or less, not counting the waiting for additional information from the incumbent or other agency staff. A classification study takes longer than 30 days if the creation of a new lass or residency of a class is realized and the staff or a class is resulted to a different oracle or a class is resulted and the staff or a class is resulted and the staff or a class is realized at the staf

POSITION AUDIT

The analyst assigned to study a position may conduct an interview with the position's incumbent or supervisor to clarify the assigned duties.

The analyst may ask about:

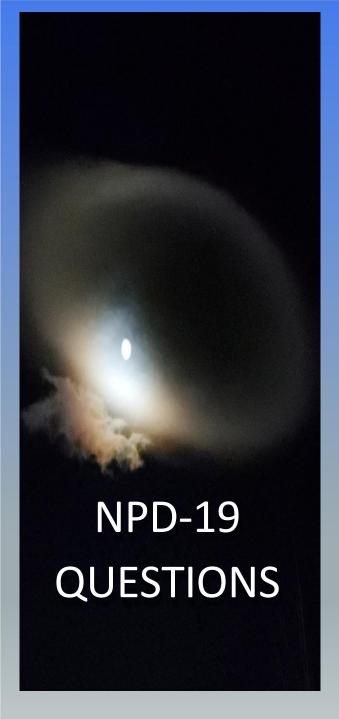
- New assignments or areas of responsibility.
- Effect on other positions
- Workflow, work processes and work samples.
- Lines of authority, supervision, and work review processes.
- How the position fits in the context of the organization.

The following tips may help prepare for a position audit:

- Be prepared to discuss the duties of the position; significant changes in duties that have occurred; knowledge, skills, and abilities needed to perform the position's duties; and how the duties of the position fit into its organization's operation.
- Have work examples available
- Ask questions.

The goal of the position audit is to understand the duties of or changes in the duties of the position. An incumbent's work performance will not be considered.

If the duties detailed on the NPD-19 are not clearly defined or additional information is needed to justify the request, the agency may be asked to sign an Attestation Form to substantiate the duties and responsibilities of the position.





Goal: Provide guidance for responding to the 9 questions contained in the NPD-19.

POSITION QUESTIONNAIRE (NPD-19) INSTRUCTIONS

Read the Instructions

- It provides guidance for completing the NPD-19 form
- It details the documents needed to be included with the NPD-19 form
- The proper completion of the NPD-19 is critical
 - It allows for a more complete determination of proper classification
 - It allows for better comparisons
 - It decreases the time frame for completion of the NPD-19

STATE OF NEVADA POSITION QUESTIONNAIRE INSTRUCTIONS

The Division of Human Resource Management (DHRM), Nevada Position Description Questionnaire (NPD-19) from is to be submitted for CLASSIFEED positions only. Do not submit for unclassisided positions, contracted positions, or members of boards or commissions. The NPD-19 form can be found on the DHRM website at https://hm.nr.gov/Resources-Form/Classification().

The classification process should be utilized when a new position is established or when an existing position experiences supplicant change in offuse and responsibilities which afters the basic mission or purpose of the position to the degree that it no longer meets the class to which it is assigned, par Mevada Administrate Code (MACL 294.128).

Agencies may submit the first page of the NPD-19 form for a new position or multiple positions of the positions; performs essensitival will be they are level of duties and responsibilities described in the class specification and the class is listed on the "NPD-19 Short Form Class List" located on the DHRMI website at https://lint.nc.ps/psecorps/Forms/Sessfector/Class/Sessfecto

Parasant to NAC 284 130, employees of the State of Nevotals in a classified position may solonit a request to reclassify their position. Check the appropriate boxis, in the Appointing Authority incurrent Certification section of page one. To this request being satemated with apency knowledge? or approval?" Note: If the departmentagency rout provide a written memo detailing why the departmentagency must provide a written memo detailing why the departmentagency out provide a written memo detailing why the departmentagency out provide a written memo detailing why the departmentagency out provide a written memo detailing why the departmentagency out provides a written memo detailing why the departmentagency of the provides a written memo detailing why the departmentagency did not authorities endow the tremoving from the position.

The purpose of the classification process is to ensure that classified positions are assigned the dates are reportabilities in this source date. This process for reviewing profiles movine the analysis of positions from the expension of the source of the companion of the process for the review process. The classification restrodicing the expension of the companion of the classification restrodicing values severed tolerans a manipurage positions. If the scope of responsibility and companion of the companion of th

Complies the Position Information section and obtain the appropriate signatures in the Appointment Authorithyticumber Conflications section of pages oned the NIPO-16 form. For president classification requests that are submitted after the legislature has finalized the agency's budget appropriation, an electronic Propriate Conflict of the Conflict o

Questions 1 through 14 of the NPD-19 form should do the following:

- Question 1: Describe the major purpose of the request, stating the change in duties and responsibilities which have been made to an existing position since it was established or last reviewed by DHRM, with the change was made to the position; if the change is the result of legislative changes, board-orionmission proceedings, new organizational goals, etc.; if additional responsibilities ascribed to the organization required an emposition or additional duties added to on existing position.
- Question 2: Provide the incumbent(s) name and agency, budget account number(s) and/or position control number(s) of existing position(s) with similar or the same duties as the position the departmen would like DHRM to compare duties to, if available.

STATE OF NEVADA POSITION QUESTIONNAIRE INSTRUCTIONS

- Question 3: Detail each duty/function required of the position; provide clear and concise description; organize similar duty functions together and list in a logical sequence (e.g., most complex to less complex or most time consuming to least time consuming), and indicate new duties or functions by an asterisk (1) next to each new duty or new function within an existing duty. Note: Do not include work performance standards (e.g., customers service, learnwork, judgmant, professionalism, etc.).
- Question 4: Provide information about the position(s) and/or contracted, volunteer, or student oversight exercised by the position.
- Question 5: Provide Information about the position(s) (e.g., classification title, position control number, etc.) supervised by the position's incumbent and the extent of supervision exercised. Include direct and positive
- Question 6: Explain the extent of supervision the incumbent will receive (i.e., close supervision, general supervision, limited supervision, general direction, administrative direction, general administrative direction, policy direction).
- Question 7: List licenses, certificates, degrees, or credentials required by statute and/or required by the department/division/agency to perform the duties of the position.
- Question 8: Provide a detailed list of the statutes, rules, policies, procedures, and/or guidelines required to perform the duties of the position.
- NPD-19 Checklist: Utilize the NPD-19 Checklist as a guide to ensure all required documents are attached.

REQUIRED ATTACHMENTS

Attach the following documents to the NPD-19 submittal:

- A detailed salary projection including the position details, pay period, calculate balances, and funding source.
- Current and proposed organizational charts no color) The organizational chart should include the following information: name of incumbents, class titles, position control numbers; position control number change, if applicable; the current position requesting reclassification, or the new position, should be circled.
- Legislation, board/commission minutes, new organization plan, audit findings, etc., if applicable.

Copy of work performance standards of the proposed job title.

The information provided will be used to determine where the position aligns within the existing compensation and classification plan. Detailed information is critical in making a proper classification decision. An interview may be scheduled with the incumbent if clarification of any information is required. If a reclassification is denied without an interview with the incumbent, an interview may be requested.

APPEALS

Pursuant to NAC 284.152, classification decisions may be appealed to the Administrator of DHRMI within 30 days after record of the classification determination. **Note:** The legislative review process is intended to budgetary purposes only. The decisions made by DHRMI during the legislative review process may not be appealed and are subject to change.

890-19 (Rev 620-2024) Prope 11 8870-19 (Rev 620-2024) Prope 15

QUESTION 1 What is the Major Purpose of this request?





Instruction

Briefly state the significant change in duties and responsibilities which have been made to an existing position since it was established or last reviewed by DHRM; why the change was made to the position; if the change is the result of legislative changes, board/commission proceedings, new organizational goals, etc.; if additional responsibilities ascribed to the organization required a new position or additional duties added to an existing position.



QUESTION 2 Are there similar positions in the agency with like duties of this position to compare to?

Instruction

Provide the incumbent(s) name and agency, budget account number(s) and/or position control number(s) of existing position(s) with similar or the same duties as the position the department would like DHRM to compare duties to, if available.



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



Instruction

Detail <u>each</u> duty/function required of the position; provide clear and concise descriptions; organize similar duty functions together and list in a logical sequence (e.g., most complex to least complex or most time consuming to least time consuming); and indicate new duties or functions by 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.)



MAJORITY OF DUTIES

- The classification of a position is based on the type and level of the majority of the duties and responsibilities assigned.
- The NPD-19 must demonstrate that the new duties assigned affect the balance of the total duties of the position to such a degree that the majority of the duties and responsibilities are now at the higher grade level or fit more appropriately in a different occupational group and class.

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

- a. Does this position function as a lead worker?
- b. What is the class title and position control number of all employees that this position functions as a lead worker for.
- c. 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

Instruction

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







Supervisor's

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 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.



Instruction

Provide information about the position(s) (e.g., classification title, position control number, etc.) supervised by the position's incumbent and the 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.



What is the extent of supervision exercised over this position?



Instruction

Explain the extent of supervision the incumbent will receive (i.e., close supervision, general supervision, limited supervision, general direction, administrative direction, general administrative direction, policy direction).



Are there any licenses, certificates, degrees, or credentials required by statute or required by the department/division/agency for the position?

Instruction

List licenses, certificates, degrees, or credentials required by the department/division/agency or by statute to perform the duties of the position.



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

Instruction

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



And Finally



QUESTION 9

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

Instruction

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



CLASSIFICATION

Question 3
Questions 4 & 5
Submittal
Significant Change



QUESTION 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".

DUTY NUMBER	DUTY STATEMENT	

- Detailed duty statements not provided
- No asterisk indicating new duties, tasks or functions
- Using verbiage directly from the class specification
- Using work performance standards





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):

- Not including a supervisory duty statement in question 3
- Omission of class title and PCN of subordinate staff
- Not describing the supervisory responsibilities exercised

SIGNIFICANT CHANGE



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

The perception that a position should be reclassified to a higher-level after:

- being assigned duties that were previously assigned to a higher-level position that do not reflect the majority 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.

RECAP

Reasons Which **DO NOT** Justify Reclassification

- Increased workload
- No opportunities for promotion
- 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

- Incumbent
 - Is at step 10
 - Is reaching retirement
 - Is a star employee
 - Possesses a college degree
 - Is required to learn new technologies
 - Has more experience than coworkers
 - Required to update skills to perform the same duties



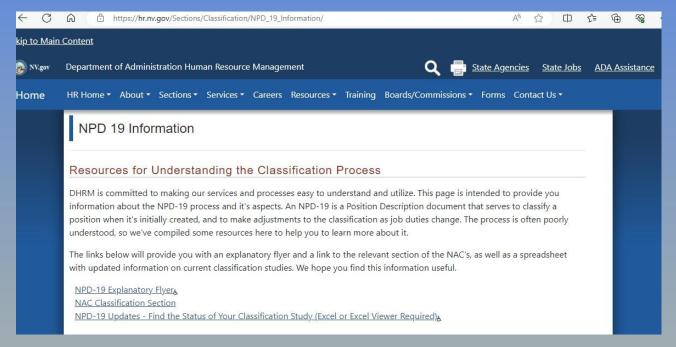
SUBMITTAL

- Filling a vacant position during the classification process
- Not including all documentation
- Not having the appropriate individuals completing documents
- Not following the proper process
- Not providing enough detail about the position and its duties and responsibilities

Where to Find



NPD-19 Information https://hr.nv.gov/Sections/Classification/NPD_19_Information/

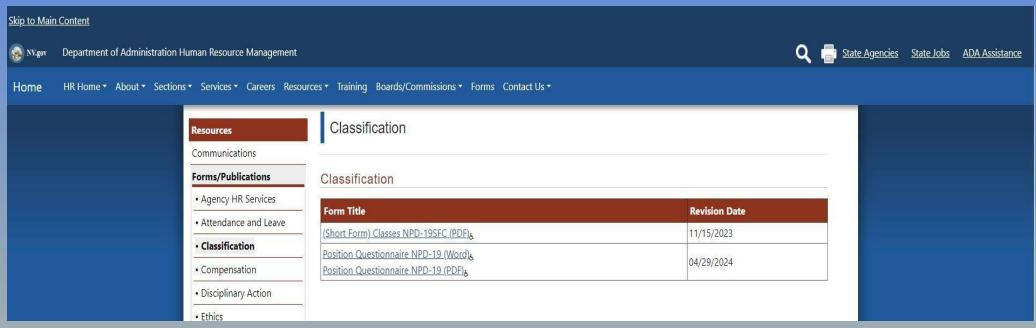


Job Classification, A guide to the NPD-19 Desk Audit Process
https://hr.nv.gov/uploadedFiles/hrnvgov/Content/Resources/Publications/JobClassificationDeskAudit.pdf





NPD-19 Form & Short Form Class List https://hr.nv.gov/Resources/Forms/Classification



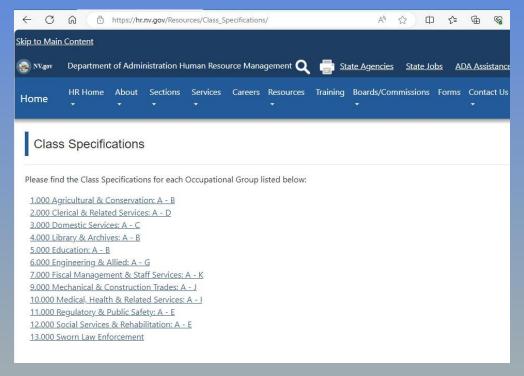
NPD-5 https://hr.nv.gov/Resources/Forms/Compensation/Compensation/

Rules for State Human Resources Administration, Classification (pages 29-35) https://hr.nv.gov/Resources/Publications

Where to Find



Class Specifications https://hr.nv.gov/Resources/Class_Specifications/



Supervisor Definition

NRS 284.337 (Reports: Duties of supervisor.) https://www.leg.state.nv.us/nrs/nrs-284.html NRS 288.138 ("Supervisory employee" defined.) https://www.leg.state.nv.us/nrs/nrs-288.html NAC 284.498 (Training of supervisory and managerial employees.) https://www.leg.state.nv.us/nac/nac-284.html



THANK YOU FOR YOUR PARTICIPATION

* Keisha Harris

Deputy Administrator

kiharris@admin.nv.gov

Heather Dapice Supervisory Human Resource Analyst hdapice@admin.nv.gov

- ** Kendrick McKinney
 Human Resource Analyst III
 kmckinney@admin.nv.gov

Rachel Baker
Human Resource Analyst III
rbaker@admin.nv.gov