

NEVADA POSITION DESCRIPTION QUESTIONNAIRE (NPD-19)

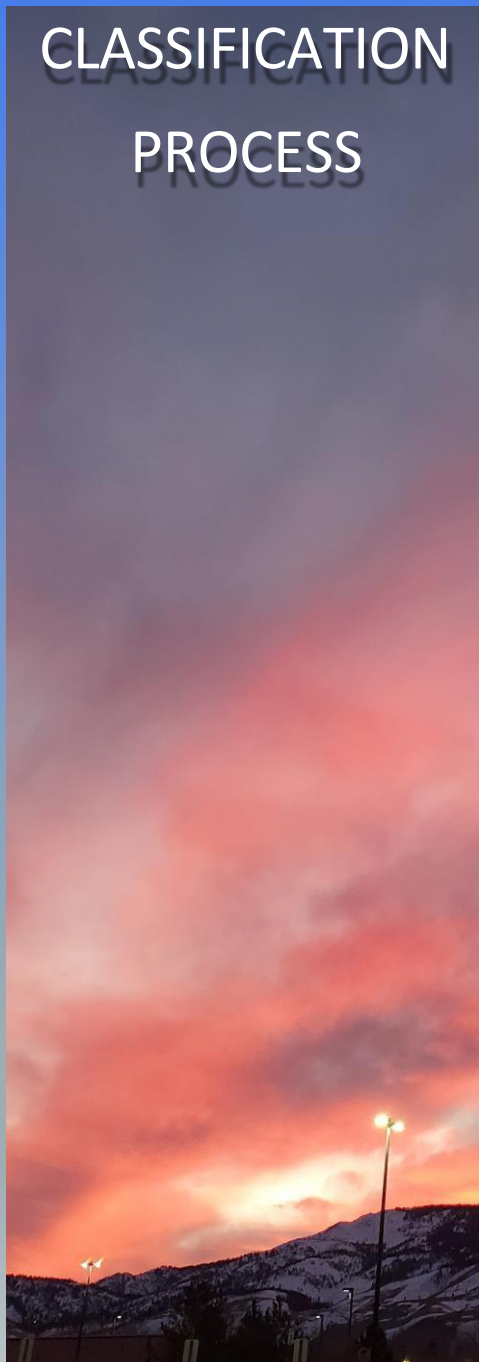
Guidance



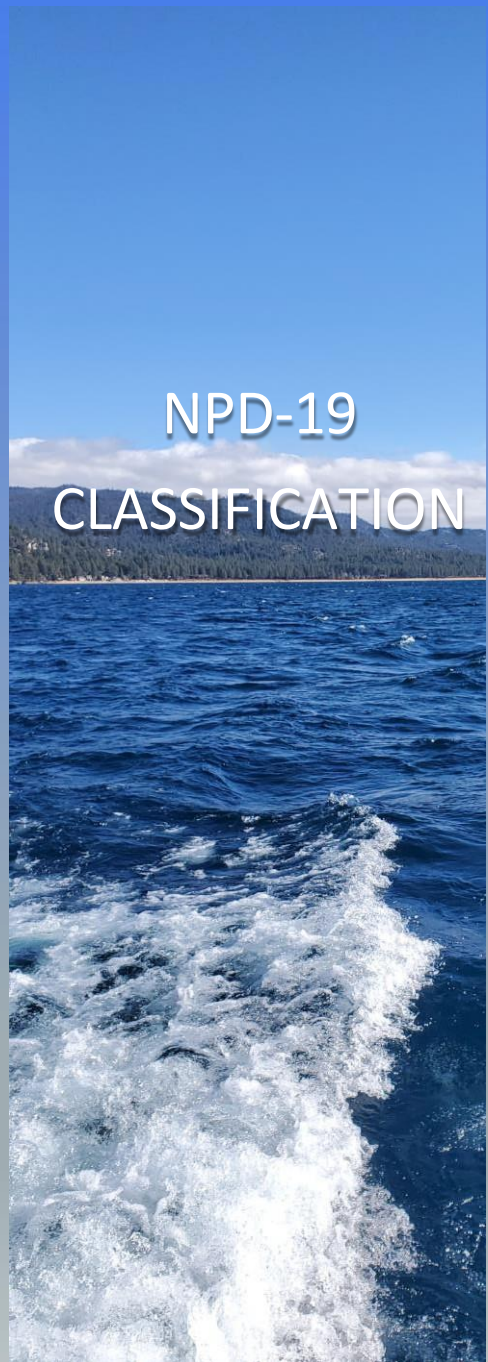
**Our goal is to provide
guidance for State
employees to confidently
complete and submit an
NPD-19 form.**



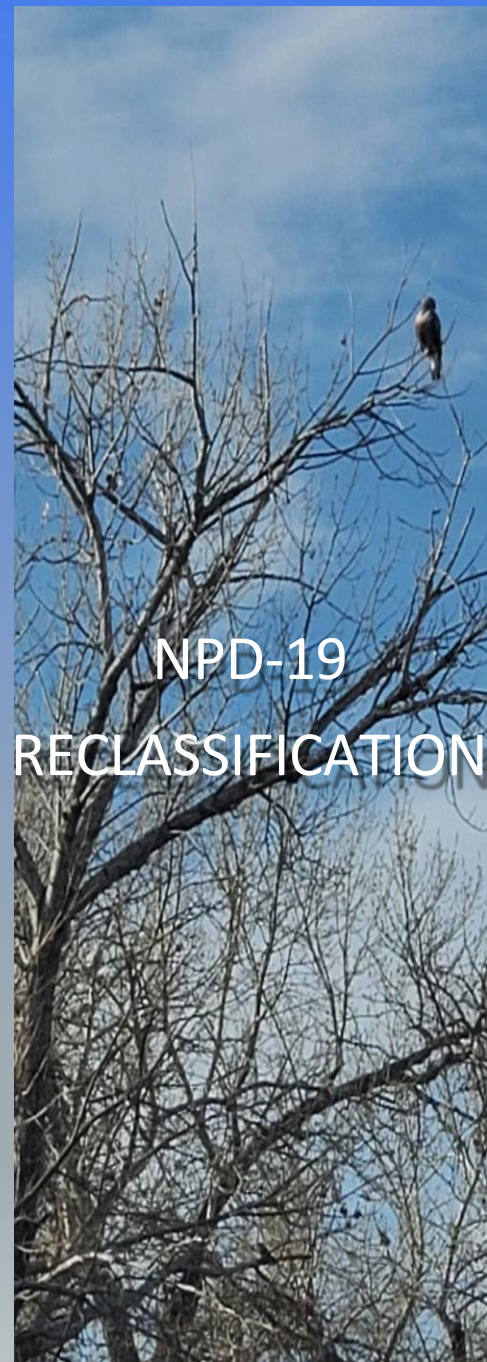
CLASSIFICATION
PROCESS



NPD-19
CLASSIFICATION



NPD-19
RECLASSIFICATION



NPD-19
QUESTIONS



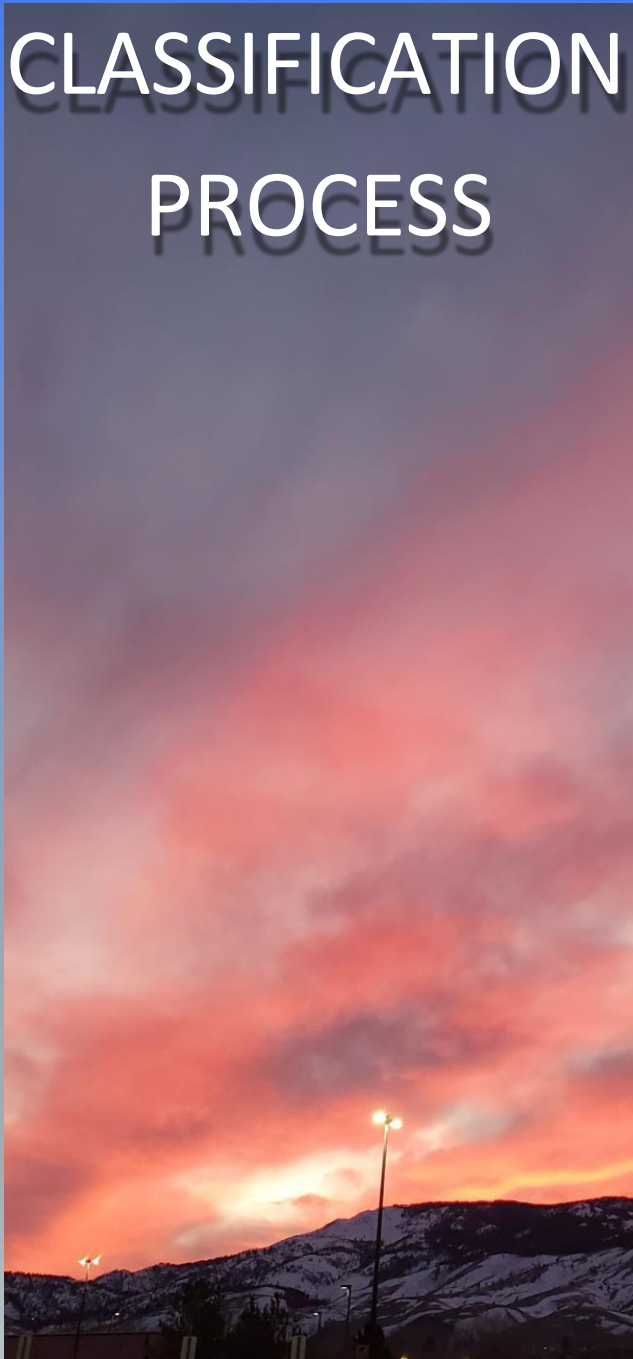


CLASSIFICATION PROCESS

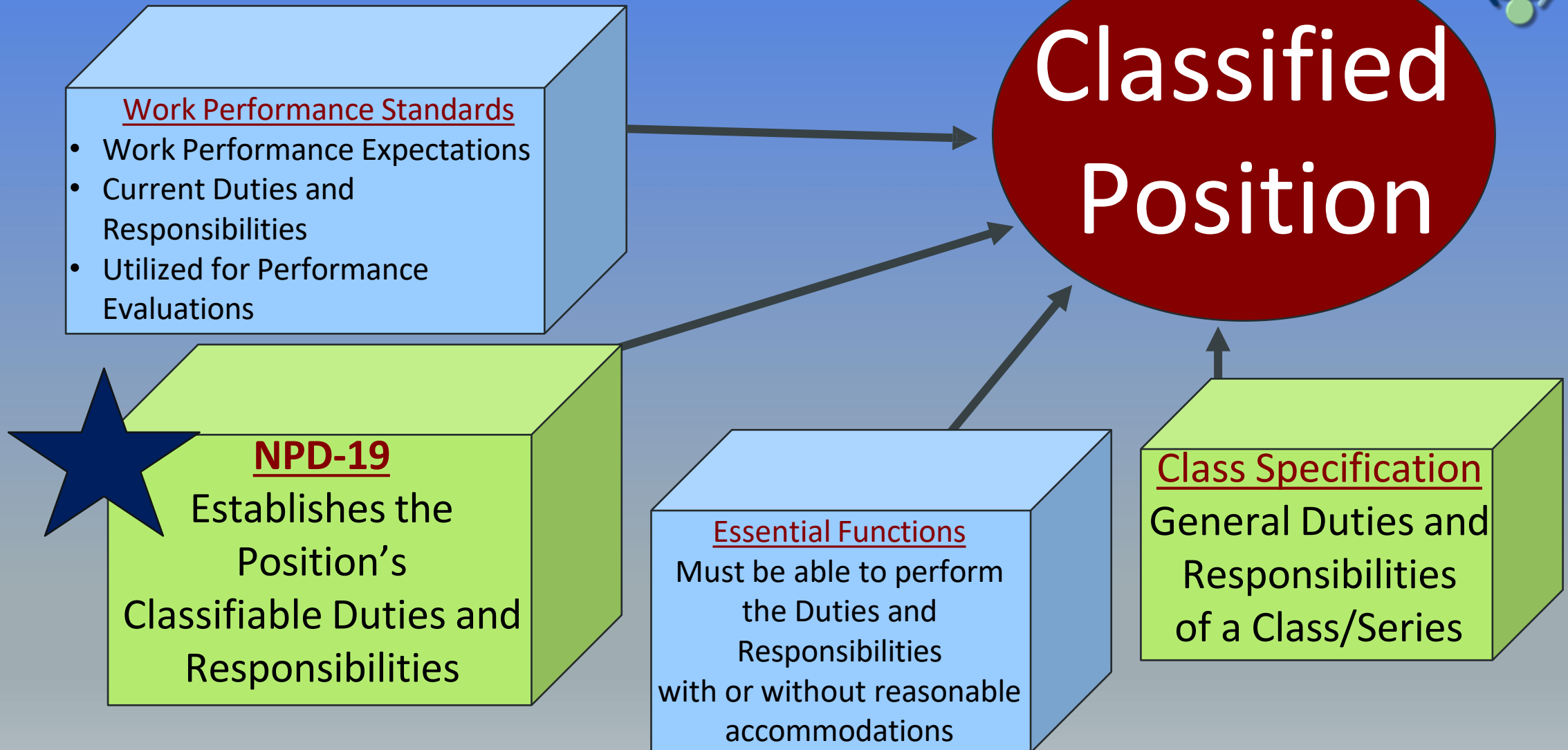
Goal:

Provide guidance for the classification process.

- Position Classification
 - Position Funding



Documents Related to Classified Positions



POSITION CLASSIFICATION



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.





POSITION CLASSIFICATION

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



GFO (Budget Office)/Legislature

STATE OF NEVADA POSITION QUESTIONNAIRE			
Initiated By: <input type="checkbox"/> Agency <input type="checkbox"/> Employee		Type of Classification Request <input type="checkbox"/> New Position <input type="checkbox"/> New Position - Short Form <input type="checkbox"/> Reclassify Filled Position <input type="checkbox"/> Reclassify Vacant Position <input type="checkbox"/> Legislative Review FY /	
<input type="checkbox"/> Interim <input type="checkbox"/> Budget Build Decision Unit			
POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge. <i>Short Form Use Only:</i> I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested class is listed on the NPD-19 Short Form Class List. Position Duties or Changed Duties were/will be Effective: _____ Date: _____ Appointing Authority or Designee Signature: _____ Date: _____ Incumbent Signature: _____ Date: _____ Is this request being submitted with agency: knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FOR COMPLETION BY BUDGET DIVISION ONLY			
BUDGET DIVISION date stamp	<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM _____ Date: _____ <input type="checkbox"/> Approved - Date to be Determined and Change Approved by DHRM _____ <input type="checkbox"/> Disapproved _____ Expiration Date: _____ Budget Representative Name: _____ Budget Representative Signature: _____ Date: _____ Note: _____		
FOR COMPLETION BY DHRM ONLY			
INSTRUCTIONS TO APPOINTING AUTHORITY Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No		IFC/Legislative approval required? <input type="checkbox"/> Yes, Date Approved: _____ <input type="checkbox"/> No _____ Study#:	
<input type="checkbox"/> Use Hiring Process <input type="checkbox"/> Preliminary Approval Pending FY ____/____ Budget approval and no changes to the duties <input type="checkbox"/> Other: _____		Agency ID#:	Agency Org/Budget#:
Class Code:		Class Option:	Grade:
Class Title:		Expiration Date:	
Analyst Signature:		Date:	
Supervisor Signature:		Date:	

- **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
 - 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 **MAY** 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 **MAY** receive a special adjustment to pay for working out of class (NPD-5 NAC 284.206(2)(a))~~



Type of Requests

- **Classification**
- **Reclassification**
- **Short Form Classification**
- **Legislative Review**

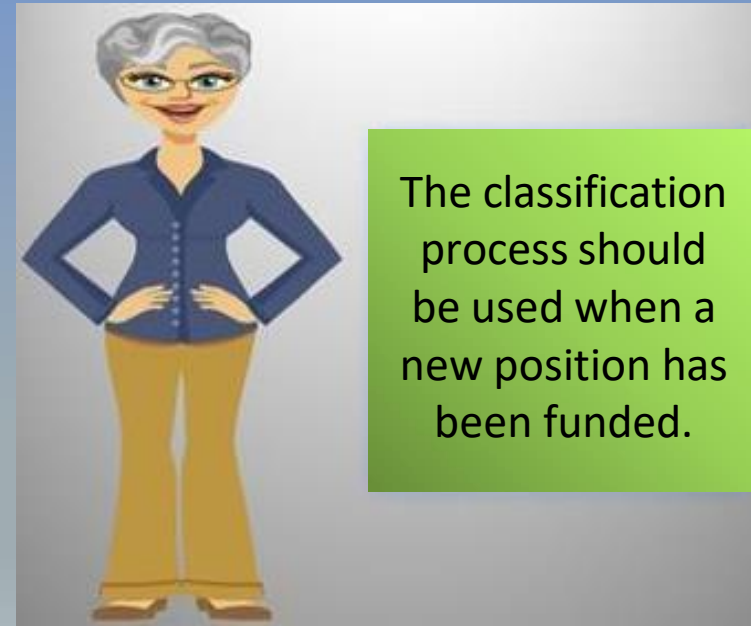


If the agency plans to do the following:

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

Then follow the process for:

Classification



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



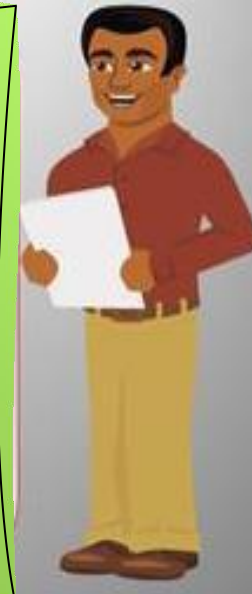
If the agency plans to do the following:

- **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



NPD-19
CLASSIFICATION

Goal:

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

New Position

Short Form

Legislative Review

CLASSIFICATION



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

STATE OF NEVADA POSITION QUESTIONNAIRE			
Initiated By: <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> Interim <input type="checkbox"/> Budget Build Decision Unit		Type of Classification Request <input type="checkbox"/> New Position <input type="checkbox"/> New Position - Short Form <input type="checkbox"/> Reclassify Filled Position <input type="checkbox"/> Reclassify Vacant Position <input type="checkbox"/> Legislative Review FY /	
POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:		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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge. Short Form Use Only: I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested class is listed on the NPD-19 Short Form Class List. Position Duties or Changed Duties were/will be Effective: _____ Date: _____ Appointing Authority or Designee Signature: _____ Date: _____ Incumbent Signature: _____ Date: _____ Is this request being submitted with agency knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FOR COMPLETION BY BUDGET DIVISION ONLY			
BUDGET DIVISION date stamp	<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM _____ Date: _____ <input type="checkbox"/> Approved - Date to be Determined and Change Approved by DHRM _____ <input type="checkbox"/> Disapproved _____ Expiration Date: _____ Budget Representative Name: _____ Budget Representative Signature: _____ Date: _____ Note: _____		
FOR COMPLETION BY DHRM ONLY			
INSTRUCTIONS TO APPOINTING AUTHORITY		<input type="checkbox"/> IFC/Legislative approval required? <input type="checkbox"/> Yes, Date Approved: _____ <input type="checkbox"/> No Study#: _____	
Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency ID#:	Agency Org/Budget#:
<input type="checkbox"/> Use Hiring Process <input type="checkbox"/> Preliminary Approval Pending FY ____ Budget approval and no changes to the duties <input type="checkbox"/> Other: _____		Class Code:	Class Option:
		Grade:	Expiration Date:
		Class Title:	
		Analyst Signature:	Date:
		Supervisor Signature:	Date:



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



CLASSIFICATION

 **STATE OF NEVADA**
POSITION QUESTIONNAIRE 

Initiated By:
 Agency
 Employee

Interim
 Budget Build Decision Unit

Type of Classification Request
 New Position
 New Position - Short Form
 Reclassify Filled Position
 Reclassify Vacant Position
 Legislative Review FY /

1 **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”

CLASSIFICATION



3

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

POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:		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 REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
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	Short Form Use Only: I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested class is listed on the NPD-19 Short Form Class List.		
	Position Duties or Changed Duties were/will be Effective:		Date:
	Appointing Authority or Designee Signature:		Date:
	Incumbent Signature:		Date:
Is this request being submitted with agency: knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4

Next

- Read and complete the “*Appointing Authority/ Incumbent Certification*” section
- Obtain appropriate signatures

Classification Submittal

6

Next

- Submit Interim Classification Requests to the Governor's Finance Office, Budget Division at budget@finance.nv.gov
 - Salary Projection
 - 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
 - NPD-19
 - Current and Proposed Organizational 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 OF NEVADA POSITION QUESTIONNAIRE			
Initiated By: <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> Interim <input type="checkbox"/> Budget Build Decision Unit		Type of Classification Request <input type="checkbox"/> New Position <input type="checkbox"/> New Position - Short Form <input type="checkbox"/> Reclassify Filled Position <input type="checkbox"/> Reclassify Vacant Position <input type="checkbox"/> Legislative Review FY /	
POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge. Short Form Use Only: I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested class is listed on the NPD-19 Short Form Class List. Position Duties or Changed Duties were/will be Effective: _____ Date: _____ Appointing Authority or Designee Signature: _____ Date: _____ Incumbent Signature: _____ Date: _____ Is this request being submitted with agency knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FOR COMPLETION BY BUDGET DIVISION ONLY			
BUDGET DIVISION date stamp	<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM _____ Date: _____ <input type="checkbox"/> Approved - Date to be Determined and Change Approved by DHRM _____ <input type="checkbox"/> Disapproved _____ Expiration Date: _____ Budget Representative Name: _____ Budget Representative Signature: _____ Date: _____ Note: _____		
FOR COMPLETION BY DHRM ONLY			
INSTRUCTIONS TO APPOINTING AUTHORITY Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Use Hiring Process <input type="checkbox"/> Preliminary Approval Pending FY / Budget approval and no changes to the duties <input type="checkbox"/> Other: _____		IFC/Legislative approval required? <input type="checkbox"/> Yes, Date Approved: _____ <input type="checkbox"/> No Study#: _____ Agency ID#: _____ Agency Org/Budget#: _____ Effective Date: _____ Class Code: _____ Class Option: _____ Grade: _____ Expiration Date: _____ Class Title: _____ Analyst Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____	



SHORT FORM



STATE OF NEVADA POSITION QUESTIONNAIRE



Initiated By:

- Agency
 Employee

Interim

Budget Build Decision Unit

Type of Classification Request

- New Position
 New Position - Short Form
 Reclassify Filled Position
 Reclassify Vacant Position
 Legislative Review FY /

1

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



3

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

POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge.		
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	Position Duties or Changed Duties were/will be Effective:	Date:	
	Appointing Authority or Designee Signature:	Date:	
	Incumbent Signature:	Date:	
Is this request being submitted with agency: knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4

Next

- Read “*Short Form Use Only*” certification
- Complete the “*Appointing Authority/Incumbent Certification*” section
- Obtain appropriate signatures

Short Form Submittal

5

Next

- Submit Interim Classification Requests to the Governor's Finance Office, Budget Division at budget@finance.nv.gov
 - Salary Projection
 - NPD-19, Page 1
 - 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, 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

- What has happened?
 - What is needed?
 - What will be expected of the position?
 - 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


STATE OF NEVADA POSITION QUESTIONNAIRE			
Initiated By: <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> Interim <input type="checkbox"/> Budget Build Decision Unit		Type of Classification Request <input type="checkbox"/> New Position <input type="checkbox"/> New Position - Short Form <input type="checkbox"/> Reclassify Filled Position <input type="checkbox"/> Reclassify Vacant Position <input type="checkbox"/> Legislative Review FY /	
POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
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FOR COMPLETION BY BUDGET DIVISION ONLY			
BUDGET DIVISION date stamp	<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM _____ Date: _____ <input type="checkbox"/> Approved - Date to be Determined and Change Approved by DHRM _____ <input type="checkbox"/> Disapproved _____ Expiration Date: _____ Budget Representative Name: _____ Budget Representative Signature: _____ Date: _____ Note: _____		
FOR COMPLETION BY DHRM ONLY			
INSTRUCTIONS TO APPOINTING AUTHORITY		IFC/Legislative approval required? <input type="checkbox"/> Yes, Date Approved: _____ <input type="checkbox"/> No	
Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency ID#:	Agency Org/Budget#:
<input type="checkbox"/> Use Hiring Process <input type="checkbox"/> Preliminary Approval Pending FY / Budget approval and no changes to the duties <input type="checkbox"/> Other:		Class Code:	Class Option: Grade: Expiration Date:
		Class Title:	
		Analyst Signature:	Date:
		Supervisor Signature:	Date:



LEGISLATIVE REVIEW



**STATE OF NEVADA
POSITION QUESTIONNAIRE**



Initiated By:

Agency

Employee

Interim

Budget Build Decision Unit

Type of Classification Request

New Position

New Position - Short Form

Reclassify Filled Position

Reclassify Vacant Position

Legislative Review FY /

1

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**”



LEGISLATIVE REVIEW

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

3

POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge.		
	Short Form Use Only: I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested class is listed on the NPD-19 Short Form Class List.		
	Position Duties or Changed Duties were/will be Effective:		Date:
	Appointing Authority or Designee Signature:		Date:
	Incumbent Signature:		Date:
Is this request being submitted with agency: knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4

Next

- Read and Complete the “*Appointing Authority/Incumbent Certification*” section
- Obtain appropriate signatures



6

Next

Legislative Review Submittal

- 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
 - NPD-19
 - Current and Proposed Organizational 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

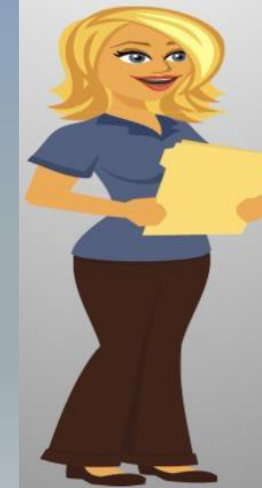
**STATE OF NEVADA
POSITION QUESTIONNAIRE**

Initiated By:
 Agency
 Employee

Interim
 Budget Build Decision Unit

Type of Classification Request
 New Position
 New Position - Short Form
 Reclassify Filled Position
 Reclassify Vacant Position
 Legislative Review FY /

POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
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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.

**STATE OF NEVADA
POSITION QUESTIONNAIRE**

Initiated By:
 Agency
 Employee
 Interim
 Budget Build Decision Unit

Type of Classification Request:
 New Position
 New Position - Short Form
 Reclassify Filled Position
 Reclassify Vacant Position
 Legislative Review FY /

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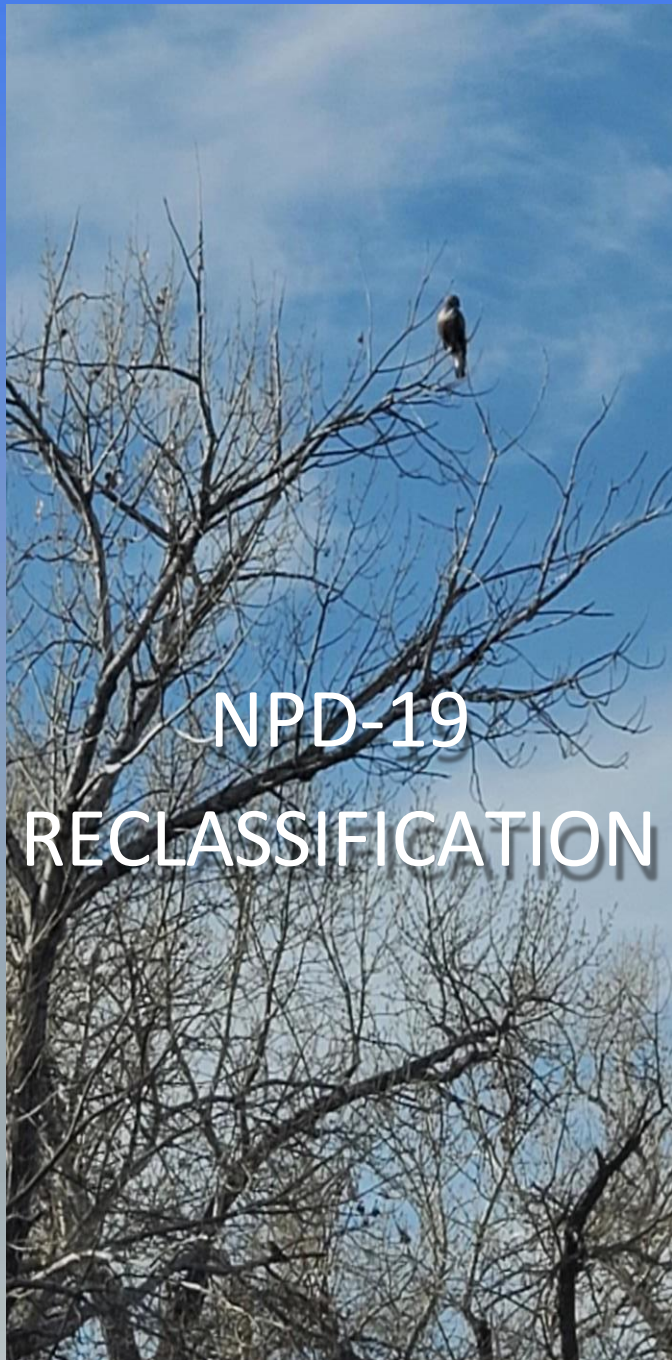
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DEPARTMENT/DIVISION/AGENCY/SECTION:			POSITION INFORMATION			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp		
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	CLASS CODE:	GRADE:	PHONE#:			
CURRENT CLASS TITLE:	CLASS CODE:	GRADE:	CLASS CODE:	GRADE:	PHONE#:			
REQUESTED CLASS TITLE:	CLASS CODE:	GRADE:	CLASS CODE:	GRADE:	PHONE#:			
INCUMBENT NAME:	EMAIL:	PHONE#:	INCUMBENT SIGNATURE:	DATE:	PHONE#:			
SUPERVISOR NAME AND TITLE:	EMAIL:	PHONE#:	SUPERVISOR SIGNATURE:	DATE:	PHONE#:			
APPOINTING AUTHORITY OR DESIGNEE NAME AND TITLE:	EMAIL:	PHONE#:	APPOINTING AUTHORITY OR DESIGNEE SIGNATURE:	DATE:	PHONE#:			
HUMAN RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	HUMAN RESOURCE REPRESENTATIVE SIGNATURE:	DATE:	PHONE#:			
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION								
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge.							
	Short Form Use Only: I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested class is listed on the NPD-19 Short Form Class List.							
	Position Duties or Changed Duties were/will be Effective:		Date:					
	Appointing Authority or Designee Signature:		Date:					
	Incumbent Signature:		Date:					
	Is this request being submitted with agency knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No							
FOR COMPLETION BY BUDGET DIVISION ONLY								
BUDGET DIVISION date stamp	<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM Date:							
	<input type="checkbox"/> Disapproved - Date to be Determined and Change Approved by DHRM Expiration Date:							
	Budget Representative Name:		Date:					
	Budget Representative Signature:		Date:					
	Note:							
FOR COMPLETION BY DHRM ONLY								
INSTRUCTIONS TO APPOINTING AUTHORITY			IF Legislative approval required? <input type="checkbox"/> Yes, Date Approved: <input type="checkbox"/> No			Study#:		
Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No			Agency ID#:			Agency Org/Budget#:		
<input type="checkbox"/> Use Hiring Process			Class Code:			Class Option:		
<input type="checkbox"/> Preliminary Approval Pending FY / Budget approval and no changes to the duties			Class Title:			Grade:		
<input type="checkbox"/> Other:			Analyst Signature:			Date:		
			Supervisor Signature:			Date:		

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Page 2

NPD-19 (Rev 4/29/2024) Page 1 Page 3



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

RECLASSIFICATION



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

STATE OF NEVADA POSITION QUESTIONNAIRE			
Initiated By: <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> Interim <input type="checkbox"/> Budget Build Decision Unit		Type of Classification Request <input type="checkbox"/> New Position <input type="checkbox"/> New Position - Short Form <input checked="" type="checkbox"/> Reclassify Filled Position <input type="checkbox"/> Reclassify Vacant Position <input type="checkbox"/> Legislative Review FY /	
POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge.		
	<i>Short Form Use Only:</i> I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested class is listed on the NPD-19 Short Form Class List.		
	Position Duties or Changed Duties were/will be Effective:		Date:
	Appointing Authority or Designee Signature:		Date:
Incumbent Signature:		Date:	
Is this request being submitted with agency knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No			
FOR COMPLETION BY BUDGET DIVISION ONLY			
BUDGET DIVISION date stamp	<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM		Date:
	<input type="checkbox"/> Approved - Date to be Determined and Change Approved by DHRM		
	<input type="checkbox"/> Disapproved		Expiration Date:
	Budget Representative Name:		
Budget Representative Signature:		Date:	
Note:			
FOR COMPLETION BY DHRM ONLY			
INSTRUCTIONS TO APPOINTING AUTHORITY		IFC/Legislative approval required? <input type="checkbox"/> Yes, Date Approved: <input type="checkbox"/> No	
Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency ID#:	Agency Org/Budget#:
<input type="checkbox"/> Use Hiring Process		Class Code:	Class Option: Grade: Expiration Date:
<input type="checkbox"/> Preliminary Approval Pending FY / Budget approval and no changes to the duties		Class Title:	
<input type="checkbox"/> Other:		Analyst Signature: Date:	
		Supervisor Signature: Date:	

RECLASSIFICATION



Vacant Existing Position

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

STATE OF NEVADA POSITION QUESTIONNAIRE			
Initiated By: <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> Interim <input type="checkbox"/> Budget Build Decision Unit		Type of Classification Request <input type="checkbox"/> New Position <input type="checkbox"/> New Position - Short Form <input type="checkbox"/> Reclassify Filled Position <input type="checkbox"/> Reclassify Vacant Position <input type="checkbox"/> Legislative Review FY / /	
POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge. Short Form Use Only: I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested class is listed on the NPD-19 Short Form Class List. Position Duties or Changed Duties were/will be Effective: _____ Date: _____ Appointing Authority or Designee Signature: _____ Date: _____ Incumbent Signature: _____ Date: _____ Is this request being submitted with agency knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FOR COMPLETION BY BUDGET DIVISION ONLY			
BUDGET DIVISION date stamp	<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM _____ Date: _____ <input type="checkbox"/> Approved - Date to be Determined and Change Approved by DHRM _____ <input type="checkbox"/> Disapproved _____ Expiration Date: _____ Budget Representative Name: _____ Budget Representative Signature: _____ Date: _____ Note: _____		
FOR COMPLETION BY DHRM ONLY			
INSTRUCTIONS TO APPOINTING AUTHORITY Incumbent meets MO's: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Use Hiring Process <input type="checkbox"/> Preliminary Approval Pending FY / / Budget approval and no changes to the duties <input type="checkbox"/> Other: _____		IFC/Legislative approval required? <input type="checkbox"/> Yes, Date Approved: _____ <input type="checkbox"/> No Study#: _____ Agency ID#: _____ Agency Org/Budget#: _____ Effective Date: _____ Class Code: _____ Class Option: _____ Grade: _____ Expiration Date: _____ Class Title: _____ Analyst Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____	

RECLASSIFICATION



Filled Existing Position

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

STATE OF NEVADA POSITION QUESTIONNAIRE			
Initiated By: <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> Interim <input type="checkbox"/> Budget Build Decision Unit		Type of Classification Request <input type="checkbox"/> New Position <input type="checkbox"/> New Position - Short Form <input type="checkbox"/> Reclassify Filled Position <input type="checkbox"/> Reclassify Vacant Position <input type="checkbox"/> Legislative Review FY /	
POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge. Short Form Use Only: I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested class is listed on the NPD-19 Short Form Class List. Position Duties or Changed Duties were/will be Effective: _____ Date: _____ Appointing Authority or Designee Signature: _____ Date: _____ Incumbent Signature: _____ Date: _____ Is this request being submitted with agency knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FOR COMPLETION BY BUDGET DIVISION ONLY			
BUDGET DIVISION date stamp	<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM _____ Date: _____ <input type="checkbox"/> Approved - Date to be Determined and Change Approved by DHRM _____ <input type="checkbox"/> Disapproved _____ Expiration Date: _____ Budget Representative Name: _____ Budget Representative Signature: _____ Date: _____ Note: _____		
FOR COMPLETION BY DHRM ONLY			
INSTRUCTIONS TO APPOINTING AUTHORITY Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Use Hiring Process <input type="checkbox"/> Preliminary Approval Pending FY / Budget approval and no changes to the duties <input type="checkbox"/> Other: _____		IFC/Legislative approval required? <input type="checkbox"/> Yes, Date Approved: _____ <input type="checkbox"/> No Agency ID#: _____ Agency Org/Budget#: _____ Class Code: _____ Class Option: _____ Grade: _____ Class Title: _____ Analyst Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____	Study#: _____ Effective Date: _____ Expiration Date: _____

RECLASSIFICATION



Existing Position Legislative Review

- Starts with the agency
 - What has happened?
 - What is needed?
 - What will be expected of the position?
 - 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 NEVADA POSITION QUESTIONNAIRE			
Initiated By: <input type="checkbox"/> Agency <input type="checkbox"/> Employee		Type of Classification Request <input type="checkbox"/> New Position <input type="checkbox"/> New Position - Short Form <input type="checkbox"/> Reclassify Filled Position <input type="checkbox"/> Reclassify Vacant Position <input type="checkbox"/> Legislative Review FY /	
<input type="checkbox"/> Interim <input type="checkbox"/> Budget Build Decision Unit			
POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 RESOURCE REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
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FOR COMPLETION BY BUDGET DIVISION ONLY			
BUDGET DIVISION date stamp	<input type="checkbox"/> Approved - Effective Date if Change is Approved by DHRM _____ Date: _____ <input type="checkbox"/> Approved - Date to be Determined and Change Approved by DHRM _____ <input type="checkbox"/> Disapproved _____ Expiration Date: _____ Budget Representative Name: _____ Budget Representative Signature: _____ Date: _____ Note: _____		
FOR COMPLETION BY DHRM ONLY			
INSTRUCTIONS TO APPOINTING AUTHORITY Incumbent meets MQ's: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Use Hiring Process <input type="checkbox"/> Preliminary Approval Pending FY / / Budget approval and no changes to the duties <input type="checkbox"/> Other: _____		IFC/Legislative approval required? <input type="checkbox"/> Yes, Date Approved: _____ <input type="checkbox"/> No Study#: _____ Agency ID#: _____ Agency Org/Budget#: _____ Effective Date: _____ Class Code: _____ Class Option: _____ Grade: _____ Expiration Date: _____ Class Title: _____ Analyst Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____	





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

Initiated By:
 Agency
 Employee
 Interim
 Budget Build Decision Unit

Type of Classification Request
 New Position
 New Position - Short Form
 Reclassify Filled Position
 Reclassify Vacant Position
 Legislative Review FY /


1 Start Here
Select
“Employee”

2 Select Request Type


- Experiencing a significant change in duties
 - Reclassify Filled Position



RECLASSIFICATION



**STATE OF NEVADA
POSITION QUESTIONNAIRE**



Initiated By:

Agency

Employee

Interim

Budget Build Decision Unit

Type of Classification Request

New Position

New Position - Short Form

Reclassify Filled Position

Reclassify Vacant Position

Legislative Review FY /

1 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

RECLASSIFICATION



3

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

POSITION INFORMATION			
DEPARTMENT/DIVISION/AGENCY/SECTION:			DIVISION OF HUMAN RESOURCE MANAGEMENT date stamp
AGENCY ID # (3 digits):	BUDGET # (4 digits):	POSITION CONTROL #:	
CURRENT CLASS TITLE:	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 REPRESENTATIVE NAME AND TITLE:	EMAIL:	PHONE#:	
APPOINTING AUTHORITY/INCUMBENT CERTIFICATION			
AGENCY PERSONNEL OFFICE date stamp	I certify that I have read the NPD-19 instructions and that the statements provided in this NPD-19 and the attached organizational chart are accurate and complete to the best of my knowledge.		
	Short Form Use Only: I further certify that the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the proposed job title and the requested class is listed on the NPD-19 Short Form Class List.		
	Position Duties or Changed Duties were/will be Effective:		Date:
	Appointing Authority or Designee Signature:		Date:
	Incumbent Signature:		Date:
Is this request being submitted with agency: knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No approval? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4

Next

- Read and complete the “*Appointing Authority/ Incumbent Certification*” section
- Obtain appropriate signatures

RECLASSIFICATION



5

Next Respond to the 9 questions and statements

1. What is the major purpose of this request?
2. Are there similar positions in the agency with like duties of this position to compare to?
3. 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 cursor in the desired row and right clicking. Next select "Insert", then either "Insert Rows Above" or "Insert Rows Below".*

DUTY NUMBER	DUTY STATEMENT

4. Does this position function as a lead worker? 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 No
Check applicable boxes:
 Work Assignment Training Other (Specify):
 Work Review Scheduling

5. Does this position function as a supervisor? What is the class title and position control number of all employees that are supervised by this position? Describe, in detail, the extent of supervisory responsibilities exercised by this position.
 Yes No
Direct Supervision:
Indirect Supervision:
Check applicable boxes:
 Performance Appraisal Work Performance Standards Scheduling
 Work Assignment Work Review Discipline
 Final Selection Training Other (Specify):
6. What is the extent of supervision exercised over this position?
7. Are there any licenses, certificates, degrees, or credentials 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?



6
Next

Reclassification Submittal

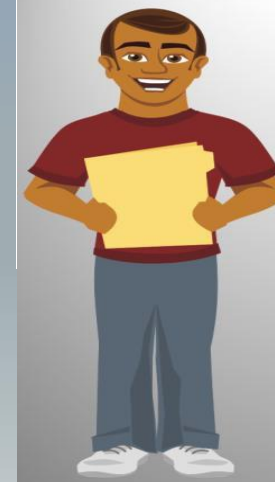
- Submit Interim Classification Requests to the Governor's Finance Office, Budget Division at budget@finance.nv.gov
- Submit Budget Build Classification Requests to DHRM at comp.class@admin.nv.gov
- Submit to DHRM
 - NPD-19
 - Justification Memo, if agency does not support an incumbent driven request
 - Current and Proposed Organizational Charts
 - Applicable Documents
- Upload into NEBS
 - Salary Projection
 - 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
 - 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



Required Attachments

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

Reasons Which May 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
 - 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.

RECLASSIFICATION -POSITION/DESK AUDIT PROCESS

[HTTPS://HR.NV.GOV/UPLOADEDFILES/HRNVGOV/CONTENT/RESOURCES/PUBLICATIONS/JOBCLASSIFICATIONDESKAUDIT.PDF](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) 284.126.
- 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 RECLASSIFICATION

- 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.

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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 as 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 NPD-19 is 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 time 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 class or revision of an existing class specification is required, or a class is reallocated to a different grade.

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 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.



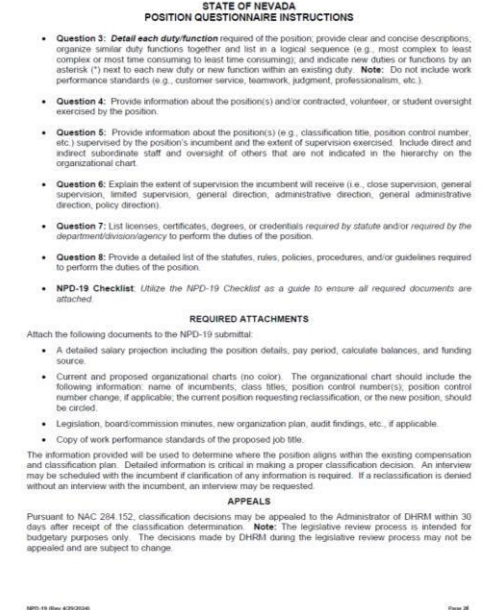
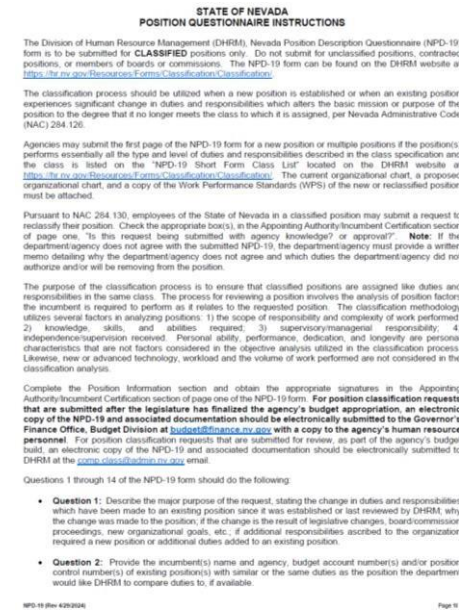
NPD-19
QUESTIONS

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





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.



QUESTION 3

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

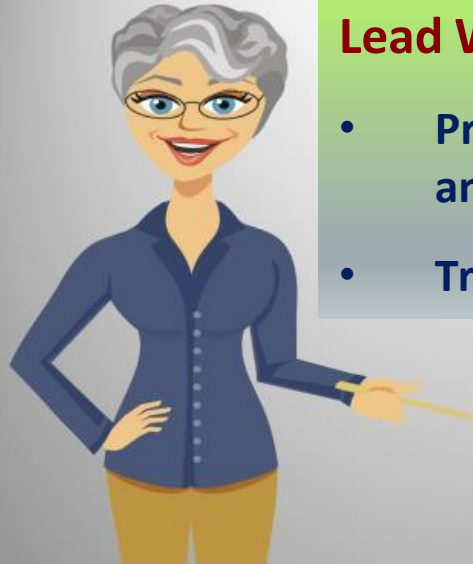
Detail each duty/function required of the position; provide clear and concise descriptions; organize similar duty functions together and list in a logical sequence (e.g., most complex to least complex or most time consuming to least time consuming); and indicate new duties or functions by an asterisk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



QUESTION 4

- Does this position function as a lead worker?
- 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.



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.



QUESTION 5



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.



QUESTION 5 continued

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.



QUESTION 6

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).



QUESTION 7

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.



QUESTION 8

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.

CONCERNS/ISSUES



CLASSIFICATION

Question 3

Questions 4 & 5

Submittal

Significant Change



QUESTION 5

5. Does this position function as a supervisor? 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 Assignment

Final Selection

Work Performance Standards

Work Review

Training

Scheduling

Discipline

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

- 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
- 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

CONCERNS/ISSUES



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/

The screenshot shows a web browser window with the URL https://hr.nv.gov/Sections/Classification/NPD_19_Information/. The page header includes the NV.gov logo and the text "Department of Administration Human Resource Management". Navigation links include "Home", "HR Home", "About", "Sections", "Services", "Careers", "Resources", "Training", "Boards/Commissions", "Forms", and "Contact Us". The main content area is titled "NPD 19 Information" and contains the following text:

Resources for Understanding the Classification Process

DHRM is committed to making our services and processes easy to understand and utilize. This page is intended to provide you information about the NPD-19 process and it's aspects. An NPD-19 is a Position Description document that serves to classify a position when it's initially created, and to make adjustments to the classification as job duties change. The process is often poorly understood, so we've compiled some resources here to help you to learn more about it.

The links below will provide you with an explanatory flyer and a link to the relevant section of the NAC's, as well as a spreadsheet with updated information on current classification studies. We hope you find this information useful.

[NPD-19 Explanatory Flyer](#)
[NAC Classification Section](#)
[NPD-19 Updates - Find the Status of Your Classification Study \(Excel or Excel Viewer Required\)](#)

Job Classification, A guide to the NPD-19 Desk Audit Process

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



Where to Find

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

[Skip to Main Content](#)

NV.gov Department of Administration Human Resource Management [Search](#) [State Agencies](#) [State Jobs](#) [ADA Assistance](#)

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Resources

- Communications
- Forms/Publications**
 - Agency HR Services
 - Attendance and Leave
 - **Classification**
 - Compensation
 - Disciplinary Action
 - Ethics

Classification

Classification

Form Title	Revision Date
(Short Form) Classes NPD-19SFC (PDF)	11/15/2023
Position Questionnaire NPD-19 (Word)	04/29/2024
Position Questionnaire NPD-19 (PDF)	

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/

The screenshot shows a web browser window with the URL https://hr.nv.gov/Resources/Class_Specifications/. The page header includes the NV.gov logo, the text "Department of Administration Human Resource Management", and navigation links for "State Agencies", "State Jobs", and "ADA Assistance". A secondary navigation bar contains "Home", "HR Home", "About", "Sections", "Services", "Careers", "Resources", "Training", "Boards/Commissions", "Forms", and "Contact Us". The main content area is titled "Class Specifications" and contains the text: "Please find the Class Specifications for each Occupational Group listed below:". Below this text is a list of 13 occupational groups with their corresponding class specifications, each as a blue hyperlink:

- [1.000 Agricultural & Conservation: A - B](#)
- [2.000 Clerical & Related Services: A - D](#)
- [3.000 Domestic Services: A - C](#)
- [4.000 Library & Archives: A - B](#)
- [5.000 Education: A - B](#)
- [6.000 Engineering & Allied: A - G](#)
- [7.000 Fiscal Management & Staff Services: A - K](#)
- [9.000 Mechanical & Construction Trades: A - J](#)
- [10.000 Medical, Health & Related Services: A - I](#)
- [11.000 Regulatory & Public Safety: A - E](#)
- [12.000 Social Services & Rehabilitation: A - E](#)
- [13.000 Sworn Law Enforcement](#)

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>



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