STATE OF NEVADA

DEPARTMENT OF PERSONNEL

REQUEST FOR TEMPORARY ADJUSTMENT TO SALARY

(Special Adjustment Equivalent to One Grade ("+5%")—NAC 284.206)

Agency ID No.....Department.....Division.....

Employee Name.....Phone No.....

Position No.....Geographic Location of Position.....

Class Title.....Class Code.....

BASIS OF REQUEST: *(Items listed below are abbreviated. Read NAC 284.206 for qualifying conditions.* ***Attach explanation.)***

☐ Employee is temporarily working out of class on a continuing basis. Date duties assumed.....
Class title and code of higher position for which duties are performed.....

☐ Employee uses bilingual skills or sign language for the deaf at least 10% or work time.

☐ Employee supervises other employee(s) of the same or higher grade. **Attach an Organizational Chart.** Check factors that apply:
☐ Selection ☐ Work Assignment ☐ Training ☐ Performance Appraisal ☐ Work Review ☐ Discipline

☐ MH/MR or Prison (inpatient mental health) employee:
☐ Who regularly performs custodial work **and** cleans up human bodily wastes.
☐ Whose principal place of work is an assaultive environment as determined by administrator.

☐ Employee conducts a formal training program for employees in an occupational class series.

☐ Child and Family Services employee who spends 50% or more time in protective services for children or services for substitute care for children; works in potentially hostile and combative situations; **and** works on weekends, evenings, and holidays in addition to normal working hours because of emergencies.

☐ Parole and Probation employee who supervises a caseload comprised exclusively of high risk criminal offenders, the psychologically disturbed, or abusers of drugs.

☐ Law enforcement officer assigned to motorcycle duty.

CERTIFICATION

I certify the information provided in this document and in the attachment is accurate. I agree to have the adjustment removed when it expires per NAC 284.206(1)(a) or, if approved pursuant to another subsection of the regulation, when the conditions justifying it cease to exist.

.....
Signature of Appointing Authority or Designated Representative

.....
Date

.....
Signature of Employee*

.....
Date

*Employee signature required only if submitted without appointing authority certification. (Personnel will process the request but will verify the information with the appointment authority.) Employee signature attests only to accuracy of information; if approved, appointing authority will be apprised of responsibility to remove adjustment upon expiration.

FOR COMPLETION BY DEPARTMENT OF PERSONNEL

☐ APPROVED
☐ DISAPPROVED

Effective.....
Per NAC 284.206 Subsection.....
Study No.....

Expires: ☐ Date.....
OR
☐ When justifying conditions cease to exist

Signature.....Date.....

ATTACH COPY OF APPROVED DOCUMENT TO PAYROLL FORM (NPD-35)