

**NEVADA DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE REGULATION  
316**

**EMPLOYEE TRANSFER(S)**

**Supersedes:** AR 316 (01/05/12); and AR 316 (Temporary, 05/06/14); 09/16/14;  
(Temporary, 04/24/17)

**Effective Date:** 05/16/17

**AUTHORITY**

NRS 284.106, 284.3775, NRS 284.376, NRS 284.375, NRS 284.3775; NAC 284.390, 284.394, 284.398, 284.444, 284.446

**PURPOSE**

To ensure NDOC employees and supervisors are following state and department regulation(s) for effective human resource management related to transfers.

**RESPONSIBILITY**

The Deputy Director of Support Services is responsible to ensure the administration of this regulation.

The Human Resource Administrator is to ensure implementation and compliance with this regulation.

The Human Resources Division is responsible to ensure transfers within the Department are submitted on the appropriate form and in compliance with Department Regulations and Nevada Administrative Code (NAC).

Transfer Defined. Transfer means: (1) a noncompetitive appointment in which an employee moves from one position to another in the same class or a related class with the same grade; or (2) a competitive appointment in which an employee moves from one position to a position in a difference class with the same grade.

**316.01 INTERNAL VOLUNTARY TRANSFERS**

1. An employee who wants to transfer duty locations and/or budget accounts within the Department should originate a request on the Transfer Request form DOC-1041 and submit to the Human Resources Division. The DOC-1041 is located on the Stewart shared drive; Human Resources/Forms.

2. An unclassified employee who wants to transfer to a classified position must complete an application and must meet the minimum qualifications for the class of position he or she is

transferring to.

3. The Human Resources Division will forward the request to the Appointing Authority of both affected budget accounts.

A. The Human Resources Division will appropriately log receipt of the DOC-1041 and track the status.

B. If the transfer is approved by both the sending and receiving Appointing Authorities, the Human Resources Division will forward the Transfer Request to the respective Deputy Director for final approval or denial.

C. The original DOC-1041 will be maintained by the Human Resources Division.

D. If the transfer request is denied, a copy of the denied DOC-1041 will be sent to the employee.

4. The Human Resources Division should determine vacancy and classification, and advise the appropriate Appointing Authority.

5. Upon approval of a transfer by the Appointing Authority, the effective date of the transfer is to be determined by the Human Resources Division in coordination with both affected duty stations.

6. When there are two employees who want to request a double voluntary transfer, each employee shall originate such a request on the form DOC-1041 form.

7. Appointing Authorities have complete discretion regarding approval of a transfer request.

8. A transfer request of an employee to a position in the same class shall require only the completion of the form DOC-1041.

9. An employee who requests a transfer to a comparable class shall complete form DOC-1041, complete an NVAPPS staff profile or application, and submit a written intent requesting the comparable transfer and his or her application to the Appointing Authority. The Division of Human Resource Management must approve the request for a transfer to a comparable class.

### **316.02 INVOLUNTARY TRANSFERS**

1. An Appointing Authority may transfer an employee for the convenience of the State, any employee from one position to another position in the same or comparable class. Five (5) working-days notice is required prior to affecting such transfer.

2. A letter notifying the employee should be obtained from the Human Resources Division.

3. A signed copy of this letter should be included in the employee's official Personnel file to

document this involuntary transfer.

4. An involuntary transfer of a permanent classified employee may be appealed to a State of Nevada Hearing Officer under NRS 284.376 by submitting a NPD-54 within ten (10) working days after the effective date of the transfer.
5. Involuntary transfers may not be made for the purposes of harassment, discipline, retaliation, or any other improper or unlawful reason.
6. Pursuant to NAC 284.394, an appointing authority may after giving 5 working days' notice, transfer for the convenience of this State any employee to another position in the same class; or a comparable class with the approval of the Division of Human Resource Management.
  - A. The notice required by subsection 1 need not be given if the transfer does not exceed 10 working days. If a bona fide or justifiable emergency exists, a transfer may be made immediately with the prior approval of the Division of Human Resource Management.
  - B. A transfer pursuant to this section must not be made to harass or discipline an employee.
  - C. A permanent employee who is required to transfer to a different geographical location and who declines the transfer has the same rights provided in NAC 284.630 as an employee who is laid off.
  - D. If an employee requests a hearing to appeal an involuntary transfer pursuant to NRS 284.376, the appointing authority may temporarily assign the employee, on a per diem basis, to transfer pending disposition of the appeal. The employee may request leave pursuant to NAC 284.589 to prepare for the hearing relating to the involuntary transfer.

### **316.03 TEMPORARY REASSIGNMENT**

1. An employee may be temporarily re-assigned to another duty location based on the determination and approval of the Appointing Authority.
  - A. A temporary reassignment does not change the employee's current budget account or position number.
  - B. The notice requirement is waived if the length of the transfer will not exceed ten working days.
2. The Appointing Authority will notify the employee in writing of the temporary reassignment.
3. During the temporary reassignment the employee shall be deemed to remain in his or her regular position as the temporary reassignment does not constitute a transfer to that position.
4. This provision does not pertain to reassignments made for the purpose of accommodating an individual who has a disability.

#### **316.04 CENTRAL TRANSPORTATION ROTATION TRANSFERS**

1. Custody Transportation employees may be transferred within two years into or out of a position within Central Transportation.
2. The Department will give thirty (30) days notice, prior to transferring staff members.
3. Rotation position moves must be of the same class and be in compliance with AR 301, Shift Bidding.
4. The Human Resources Division shall determine vacancy and classification, and advise the Appointing Authorities.
5. The effective date of the transfer is to be determined by the Appointing Authorities in coordination with the Human Resources Division.
6. Upon completion of the transfer, employees transferring to Central Transportation must qualify with weapons per Central Transportation course of fire and obtain a Commercial Driver's License to remain in the position.

#### **316.05 TRANSFERS TO ANOTHER STATE AGENCY**

1. The transfer of an employee from a position under the jurisdiction of one State agency to another State agency may be made if the positions are in the same or comparable class and upon the request of the employee. This would be accomplished by submitting an intent statement along with a NPD-45 to the receiving agency.
2. A transfer of an employee from another state agency to a position in the same class or comparable class with the Department of Corrections requires the completion of an NVAPPS staff profile or application by the employee to determine his or her qualifications, along with an intent statement from the state employee requesting transfer. The Division of Human Resource Management must approve the request for a transfer to a position in a comparable class, upon receipt of an application to the hiring agency from the employee.
3. An employee transferring from one state agency to another state agency without a break in service shall have annual and sick leave balances transferred to the new agency.
4. All accumulated compensatory time shall be compensated for by the agency the employee is leaving.

#### **316.06 APPLICATION OF PROBATIONARY PERIOD**

1. A probationary employee who transfers within the same class must serve the remaining portion of their probationary period.

2. A probationary employee who transfers to another class must serve a new probationary period.
3. A permanent employee who transfers within the same class or comparable class shall retain their permanent status.
4. An employee who transfers from unclassified service to classified service must serve a new probationary period. Except for unclassified employees who transfer because their governmental agency is acquired for administration by the State pursuant to NRS 284.022, the status of a permanent employee may not be attained until the satisfactory completion of the probationary period.
5. If an employee of a governmental agency transfers to the classified service pursuant to NRS 284.022 and NAC 284.398(2), the time which he or she spends in the comparable class in the governmental agency counts toward the probationary period for the new class, the employee is entitled to transfer with permanent status. If the employee has satisfactorily completed the equivalent of the state's probationary period for the new class, the employee is entitled to transfer with permanent status. All continuous service which is equivalent to full-time employment in the governmental agency before the transfer counts toward permanent status.

### **316.07 TRANSFER FROM UNCLASSIFIED POSITION TO A CLASSIFIED POSITION**

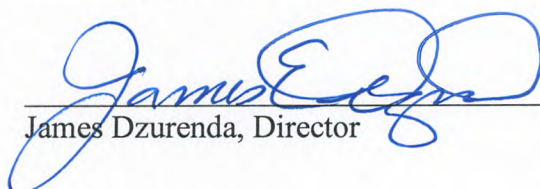
Transfers by employees from an unclassified position to a classified position must be carried out in accordance with the provisions of NRS 284.3775.

### **316.08 FINANCIAL RESPONSIBILITY**

1. Reasonable expenses authorized for transfers affected for the convenience of the State and in compliance with the requirements and conditions contained in the State Administrative Manual (SAM) may be appropriately reimbursed by the State.
2. Approved transfers for the convenience of the employee should be affected at no expense to the Department or the State. Any expense for relocation will be the sole responsibility of the employee.

### **APPLICABILITY**

1. This regulation applies to all employees of the Department.
2. This regulation does not require an Operational Procedure.
3. This regulation does not require an audit.

  
James Dzurenda, Director

5/25/17  
Date

**NEVADA DEPARTMENT OF CORRECTIONS**  
**TRANSFER REQUEST**

EMPLOYEE:

I, \_\_\_\_\_  
Print Full Name Title Grade Step  
hereby request approval to transfer from:

\_\_\_\_\_ to \_\_\_\_\_  
Institution or Budget Account Number Institution or Budget Account Number

\_\_\_\_\_  
Signature of Employee (electronic signatures not accepted) Date

**\*\*RETURN TO HUMAN RESOURCES DIVISION\*\***

**SENDING BUDGET ACCOUNT:**

\_\_\_\_\_ Budget Acct. # \_\_\_\_\_ Supvr. Initials \_\_\_\_\_ Date \_\_\_\_\_

- Approved  
 Denied

\_\_\_\_\_  
Signature of Warden or Division Head Date

**\*\*RETURN TO HUMAN RESOURCES DIVISION\*\***

**RECEIVING BUDGET ACCOUNT:**

\_\_\_\_\_ Budget Acct. # \_\_\_\_\_ Supvr. Initials \_\_\_\_\_ Date \_\_\_\_\_

- Approved  
 Denied

\_\_\_\_\_  
Signature of Warden or Division Head Date

**\*\*RETURN TO HUMAN RESOURCES DIVISION\*\***

<b>COMP TIME BALANCE:</b> _____ <b>Hours</b> Upon agreement of both Sending and Receiving Budget Accounts, please mark the appropriate box. Signature must be obtained by both Sending and Receiving Wardens or Division Heads.	
_____ <b>Transfer-Comp Time</b>	_____ <b>Payoff-Comp Time</b>
_____ Signature of Warden or Division Head (Sending)	_____ Signature of Warden or Division Head (Receiving)

<b>FOR HUMAN RESOURCES USE ONLY:</b>	
Effective date of transfer _____	Log # _____ Logged by _____
Employee will vacate position number _____ and transfer into position number _____	
_____ Signature of Human Resources Administrator (or designee)	_____ Date

**FINAL APPROVAL:**

- Approved  
 Denied

\_\_\_\_\_  
Signature of Deputy Director / Medical Director Date

- Approved  
 Denied

\_\_\_\_\_  
Signature of Director (If Applicable) Date

