**Date:** Click here to enter text.

**SF# 24-999**

**Department:** Click here to enter text. Division: Click here to enter text.

**Department Head/Appointing Authority:** Click here to enter text.

(By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.)

**Accelerated Rate of Pay for New Hires Request**

**Washoe Personnel Handbook 5.123**

1. An accelerated rate of pay may be made for new hires in order to meet difficult recruiting problems or to obtain a person with markedly superior qualifications under the following conditions:

 (a) Attorney, Deputy Sheriff, District Court, Justice Court classifications; and individuals appointed into Seasonal, Temporary, and Intermittent Hourly positions may be appointed into the salary range by the appointing authority without pre-approval by human resources.

 (b) Appointments above the entry rate for all other classifications must be preapproved by the director of human resources or designee prior to the job offer. Whenever a position is filled in this manner, the salary of the other incumbents occupying that same class, if applicable, shall be reviewed and may be recommended for adjustment by the director or designee.

**Requested Hourly Rate:** $Click here to enter text.

**Name of New Hire:** Click here to enter text. **Hire Date:** Click here to enter text.

**Job Class Title:** Click here to enter text. **Job Class #:** Click here to enter text.  **Position #:** Click here to enter text.

**Bargaining Unit:** Click here to enter text. **Pay Grade:** Click here to enter text.

**Min. Hourly Rate:**  $Click here to enter text. **Max. Hourly Rate:** $Click here to enter text.

**Reasoning and justification for accelerated rate of pay request:** Click here to enter text.

Select one:

[ ]  5.123 1a – Classification Exclusive to Department (HR approval is NOT required)\*

[ ]  5.123 1b – Classification Found in More Than One Department (HR approval is required)

**\*Note: If the classification is exclusive to the department, HR approval is NOT required prior to making a conditional offer. If you are unsure if the classification is exclusive, contact your assigned department HR Analyst. This completed form should be sent to HR for auditing purposes and will be placed in the employee’s file. HR will not approve and return requests marked as 5.123 1a (exclusive to department).**

FOR HUMAN RESOURCES USE ONLY

**Name of Reviewing Analyst:** Click here to enter text. **Date Reviewed:** Click here to enter text.

I [ ]  approve [ ]  deny the request to appoint the above new hire at the accelerated rate of $Click here to enter text., which is approximately Click here to enter text.% into the salary range. The classification being reviewed is found in more than one department and requires HR to review for any possible equity issues.

Select one:

[ ]  5.123 1a – Classification Exclusive to Department (HR approval is NOT required)

[ ]  5.123 1b – Classification Found in More Than One Department (HR approval is required)

[ ]  No Equity Issues Found

[ ]  See Justification/Discussion Notes

**Justification / Discussion Notes:** Click here to enter text.

**HR Director or Designee Signature:** Click here to enter text.  **Date:** Click here to enter text.

**\*\* SEND COMPLETED FORM ELECTRONICALLY (DO NOT PDF) TO YOUR ASSIGNED DEPT HR ANALYST \*\***