RECEIVED
SEP 11 2008
COMMISSION ON ETHICS

NEVADA COMMISSION ON ETHICS
REQUEST FOR OPINION
(ETHICS COMPLAINT)
NRS 281A.440.2
Please print or complete online.

1. Provide the name, title, public agency, address, and telephone number for the public officer or employee you allege violated the Nevada Ethics in Government Law, NRS 281A. ***(If more than one public officer or employee is alleged to have violated the law, use a separate form for each individual.)***

Name & Title:	Mr. Bob Loux, Director		
Public Agency:	Office of Nuclear Projects		
Address:	1761 E. College Parkway, Suite 118		
City, State, Zip:	Carson City, NV 89706	Telephone:	(775) 687-3744

2. Describe in specific detail the conduct of the public officer or employee identified above that you allege violated the provision(s) of chapter 281A of NRS. ***(You must include specific facts and circumstances to support your allegations – including dates, times, places, and the name and position of each person involved.)***

Check here ☒ if additional pages are attached.

See attached. Included is a description of the facts, a CD of the IFC hearing during which the issue was discussed in detail, and documentation showing Mr. Loux's approval of the unauthorized salary increases.

Mr. Loux's conduct appears to violate NRS 281A.400, subsection 2. "A public officer shall not use his position to grant unwarranted privileges... for himself."

3. Identify all persons who might have knowledge of the facts and circumstances you have described, *as well as* the nature of the testimony the person will provide. Include the address and telephone number for each person.

Check here ☐ if additional pages are attached.

Name & Title:	Mr. Andrew Clinger, Ms. Mendy Elliot, Members of IFC		
Address:	Office of the Governor, Legislators	Telephone:	
City, State, Zip:	Carson City, Nevada		
Nature of Testimony:	Testimony provided at the September 9, 2008 meeting of the Interim Finance Committee.		

Revised 09/08/2008

4. Attach two copies of all documents or items you believe provide credible evidence to support your allegations. NRS 281A.440.2(b)(1) requires you to submit all related evidence to support your allegations. NAC 281A.435.3 defines credible evidence as a minimal level of any reliable and competent form of proof provided by witnesses, records, documents, exhibits, minutes, agendas, videotapes, photographs, concrete objects, or other similar items that would reasonably support the allegations made within the complaint. Credible evidence does not include a newspaper article or other media report if the article or report is offered by itself.

State the total number of additional pages attached (including evidence) 21.

REQUESTOR'S INFORMATION:

NAME: Heidi S. Gansert	E-MAIL: hgansert@charter.net
ADDRESS: 316 California Ave. #302	
CITY, STATE, ZIP: Reno, NV 89509	
TELEPHONE (775) 787-5814	CELL PHONE: (775) 848-7441

By my signature below, I do affirm that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief and I am willing to provide sworn testimony if necessary regarding these allegations.

Signature

Print Name: Heidi S. Gansert

9-11-08
Date

Please return an original signed form, two copies of the form, and three copies of the supporting documents and evidence to:

Executive Director
Nevada Commission on Ethics
3476 Executive Pointe Way, Suite 10
Carson City, Nevada 89706

Ethics complaints submitted by facsimile will not be considered as properly filed with the Commission. NAC 281A.255.3

Mr. Bob Loux Ethics Complaint
Filed by Heidi S. Gansert
September 11, 2008

Details Of Complaint, Section 2.

On September 9, 2008, the following information was presented to the Interim Finance Committee (IFC) of the Nevada Legislature of which I am a member.

Effective July 1, 2007, Mr. Bob Loux, Director of the Office of Nuclear Projects, increased the salaries of six of his employees in a seven person office which had one vacancy by approximately 16 percent. At that time, all other public employees received a 2 percent raise. Mr. Loux made it very clear in his testimony that he had made the decision to increase salaries and authorized the raises with no other authority but his own.

It was explained that after one member of his staff had left her position, he split her wages among the remaining six, including himself. These salary increases were paid for just over a year, totaling approximately $74,000. His increase alone was over $20,000. Further, it was stated that his office surpassed its budget allocation for salaries because he did not take into account the additional funding required to cover the increased cost of benefits commensurate with the raises. Once he surpassed his salary category, the misappropriation was discovered. It appeared that the extravagant increases would have been unchecked and not presented to the IFC if Mr. Loux's unauthorized salary increases had not been exposed through the year-end budget closing process.

Effective August 13, 2008, the Office reduced the salaries by 12 percent in an effort to mitigate the FY 2009 shortfall. The reduction in salary affects FY 2009 and does not compensate the state for the $74,000 in excess wages paid during FY 2008 and the beginning of FY 2009.

Mr. Loux's actions are egregious and indefensible. While the state continues to make severe budget cuts, Mr. Loux chose to deceptively enhance his and his staff's pocketbooks at the expense of the taxpayers. I am filing this complaint with Nevada's Commission on Ethics because it is my belief that Mr. Loux has clearly committed malfeasance in office and should be held responsible for his actions.

JIM GIBBONS
Governor

STATE OF NEVADA

ANDREW K. CLINGER
Director

DEPARTMENT OF ADMINISTRATION
209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222 • Fax (775) 684-0260
http://www.budget.state.nv.us/

MEMORANDUM

August 07, 2008

TO: Robert R. Loux, Executive Director
Agency for Nuclear Projects

FROM: Andrew K. Clinger, Director
Department of Administration

SUBJECT: Non-Classified Salaries

Per our meeting with Josh Hicks, Chief of Staff to the Governor, the fiscal year 2009 Legislatively approved Employer-Paid hourly rates effective July 01, 2008 are as follows:

Position Control Number 0004	$26.12
Position Control Number 0005	$49.56
Position Control Number 0006	$40.96
Position Control Number 0007	$40.96
Position Control Number 0010	$32.47
Position Control Number 0011	$31.10
Position Control Number 0012	$32.47

Thank you for your prompt attention to this matter. If you have any questions, please call me at 684-0220.

Andrew K. Clinger

Cc: Josh Hicks, Chief of Staff to the Governor

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

[redacted]

PRINTED ON : 07/07/2007

ROBERT	R	LOUX	
07/02/07	/ /		

	C O I A	M O I	X	POS-STAT: ACTIVE NONCLASSIFIED POSITION
1.	S L C H			
2.				
3.				

0 1 2	1 0 0 5	☒ YES ○ NO ○ N/A	0 0 0 5	1.0 0	○ YES ☒ NO	4 5		

A.2 Dates

/ /	/ /	/ /	07 /02 /84	10 /05 /78	

A.3 Assignment Attributes - Position Attributes

					Overrides
C N T L	B B - B B B	0	E B O H	NON CLASS/EARN LEAVE/EXEMPT	X P P 1 4

A.4 Pay Parameters

P R T	A	5 5 - 7 1 0 0		07 /01 /07	99 /99 /99	L P 0 1
		6 3 . 5 2		07 /02 /07	/ /	
				/ /	/ /	O P 0 1
				/ /	/ /	
				/ /	/ /	

B. &GYD (Agency Specific Date)

C C N C N	C C N C N	(775) 687-3744		( )		S
		( )		( )		

Check Distribution: ○ HOME ☒ PAY LOCATION

C. PENS (Pension Profile) — Employer Portion / Employee Portion

P E R S	P E R B R	C P E R B	04/24/06	P E R S			/ /

D. Tax (Employee Tax Parameters)

03/06/99	A
/ /	

E. EMPD (Employee Duty Location)

CC0373

F. EMRA (Employee Roll Assignment)

☒ ACTIVE ○ INACTIVE ○ N/A	☒ ACTIVE ○ INACTIVE ○ N/A

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JUL 16 2007

NV DEPT. OF PERSONNEL RECORDS

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 7/16/07

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency accepts the employee's overtime liability. If no, originating agency is required to pay off balance per NAC 284.284.1

CERTIFICATION OF THE APPOINTING AUTHORITY	CERTIFIED BY DEPARTMENT / AGENCY PERSONNEL REP.	DATE RECORDS ENTERED OR APPROVED
THE DATA STATED HEREIN IS CORRECT AND COMPLETE AND IN ACCORDANCE WITH STATE LAW AND REGULATIONS	[signature] Signature	CERTIFIED BY STATE PERSONNEL DEPARTMENT
[signature] 7-16-07	687-3744 7/16/07	[signature] 7/17/07
Appointing Authority Signature / Date	Phone No. / Date	Signature

ESMT-A (7-08)

...LOYMENT STATUS MAINTENANCE T...NSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 07/19/2008

Employee ID	Name - First	Middle	Last	Suffix
007515	ROBERT	R	LOUX	

Appt ID	Effective Date	Expiration Date
	08/13/08	/ /

	Personnel Action	Reason	Emp Status	Remarks
1.	COLA SLCH	M09	X	POS.STAT: ACTIVE NONCLASSIFIED POSITION
2.				
3.				

Salary Change
Spoke with Truly 8/13/08
informed only two places after decimal

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Assignment Information								
Agency	Home Org	Eec Full-Time	Position #	% Full Time	Table Driven Pay	Grade	Step	Rate of Pay - Biweekly $
012	1005	○ YES ○ NO ○ N/A	0005	1.00	○ YES ○ NO	45		

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	List #
/ /	/ /	/ /	07/02/84	10/05/78	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description	Overrides
CNTL	BB.8 8	0	E80H	NON CLASS/EARN LEAVE/EXEMPT	Pay Policy: XPP14

A.4 Pay Parameters

Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	6[illegible].3300		07/01/08	99/99/99
		5796		08/13/08	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

Leave Policy: LP01
Benefit/Deduction Policy: DP01
Overtime Profile:

B. AQYD (Agency Specific Date)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(775) 687-3744		( ) -		S

Check Distribution: ○ HOME ☒ PAY LOCATION

C. PENS (Pension Profile)

Pension System	Deduction Type	Deduction Plan	Effective Date	Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PERSR	CPERS	04/24/06	PERS			/ /

Employer Portion / Employee Portion

D. Tax (Employee Tax Parameters)

Effective Date	Rca Class
03/06/99	A

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
☒ ACTIVE ○ INACTIVE ○ N/A	☒ ACTIVE ○ INACTIVE ○ N/A

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 8/13/08

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.2M.1

Certification of the Appointing Authority	Certified by Department / Agency Personnel Rep	Date Records Entered or Approved
The data stated herein is correct and complete and in accordance with State law and regulations	[signature] Signature	
[signature] Appointing Authority Signature — Date 8-13-08	687-3744 Phone No. — Date 8/13/08	Certified by State Personnel Department: [signature] Signature 8/13/08

...STATUS MAINTENANCE ...ISACTION / ESMT - A

A.1 Job Assignment

Employee ID	Name / First	Middle	Last	Suffix
007515	ROBERT	R	LOUX	

PRINTED ON : 08/16/2008

Appt ID	Effective Date	Expiration Date
	08/25/08	/ /

	Personnel Action	Reason	Emp Status	Remarks
1.	SLCH / SLCH		X	POS-STAT: ACTIVE NONCLASSIFIED POSITION
2.				
3.				

RECORDS DATE REC'D

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Assignment Information								
Agency	Home Org	Sec Effective	Position #	Full Time	Table Driven Pay	Active	Step	Rate Per Day
012	1005	X YES / NO / N/A	0005	1.00	YES / X NO	45		

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	Unit #
/ /	/ /	/ /	07/02/84	10/05/78	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description	Overrides
CNTL	88.888	0	E80H	NON CLASS/EARN LEAVE/EXEMPT	Pay Policy: XPP14

A.4 Pay Parameters

Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	5[illegible].9600		08/13/08	99/99/99
		5[illegible].00		08/25/08	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

Leave Policy: LP01
Benefit/Deduction Policy: DP01
Overtime Profile:

B. AGYD (Agency Specific Date)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(775) 687-3744		( )		S

Check Distribution: ○ Home ☒ Pay Location

C. PENS (Pension Profile)

Pension System	Deduction Type	Deduction Plan	Effective Date	Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PERB[illegible]	CPER8	04/24/06	PERS			/ /

Employer Portion / Employee Portion

D. Tax (Employee Tax Parameters)

Effective Date	FICA Class
03/06/99	A

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
X ACTIVE / INACTIVE / N/A	X ACTIVE / INACTIVE / N/A

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 8/25/08

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only. _____ Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.264.1

Certification of the Appointing Authority	Certified by Department / Agency Personnel Rep	Date Records Entered or Approved
The data stated herein is correct and complete and in accordance with State law and regulations.	[signature] Signature	
[signature] 8-25-08	687-3744 8/25/08	CKW 9/3/08
Appointing Authority Signature / Date	Phone No. / Date	Signature

ESMT-A (7-08)

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

PRINTED ON : 07/07/2007

A.1 Job Assignment

[redacted]				
TRUDY	D		STANFORD	
	07/02/07	/ /		
	/ /	/ /		

	C O L A	M O B	X	POS-STAT: ACTIVE NONCLASSIFIED POSITION
1.	S L C H			
2.				
3.				

0 1 2	1 0 0 5	☒ YES ○ NO ○ N/A	0 0 1 0	1.0 0	○ YES ☒ NO			

A.2 Dates

/ /	/ /	/ /	08 /27 /94	08 /27 /82	
/ /	/ /	/ /	/ /	/ /	

A.3 Assignment Attributes - Position Attributes

C N T L	8 8 - 8	0 0	E 8 0 H	NON CLASS/EARN LEAVE/NOT EXMPT	P P 1 4

A.4 Pay Parameters

P R I	A	3	.5 1 0 0	07 /01 /07	99 /99 /99	L P 0 1
		4	.62	07 /02 /07	/ /	
				/ /	/ /	G P 0 1
				/ /	/ /	O P 0 8
				/ /	/ /	

B. AGYD (Agency Specific Date)

C E N C W	C C I C W	(775) 687-3744		( )		S
		( )		( )		

Check Distribution: ○ HOME ☒ PAY LOCATION

C. PENS (Pension Profile)

	P E R 8	C P E R 8	06/23/03				/ /
P E R S			/ /	P E R S			/ /

D. Tax (Employee Tax Parameters)

06/19/05	B
/ /	

E. EMPD (Employee Duty Location)

CC0373

F. EMRA (Employee Roll Assignment)

○ ACTIVE ○ INACTIVE ☒ N/A	○ ACTIVE ○ INACTIVE ☒ N/A

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CERTIFICATE and SIGNATURE: Required for [illegible] except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 7/16/07

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.284.1

CERTIFICATION OF THE APPOINTING AUTHORITY	CERTIFIED BY DEPARTMENT / AGENCY PERSONNEL DEPT.	DATA RECORDS ENTERED OR APPROVED
THE DATA STATED HEREIN IS CORRECT AND COMPLETE (1) IN ACCORDANCE WITH STATE LAW AND REGULATIONS.	[signature] Signature	
[signature] Appointing Authority Signature 7-16-07 Date	687-3744 Phone No. 7/16/07 Date	CERTIFIED BY STATE PERSONNEL DEPARTMENT [signature] Signature 7/17/07

ESMT A (2/06)

STATE OF NEVADA — EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

Employee ID	Name / First	Middle	Last	Suffix
003485	TRUDY		STANFORD	

PRINTED ON : 07/29/2008

Appt ID	Effective Date	Expiration Date
	08/13/08	/ /

	Personnel Action	Reason	Emp Status	Remarks
1.	COLA SLCH	M09	X	POS.STAT: ACTIVE NONCLASSIFIED POSITION
2.				
3.				

Salary Change
Spoke w/ Trudy 8/13/08 informed only two places after decimal

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Assignment Information: Agency	Home Org	Exempt Full-Time	Position	% Full Time	Table Driven Pay	Grade	Step	Rate of Pay - Biweekly $
012	1003	○ YES ○ NO ○ N/A	0010	1.00	○ YES ○ NO			

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	List #
/ /	/ /	/ /	08/27/94	08/27/82	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description
CNTL	88.880	0	E80H	NON CLASS/EARN LEAVE/NOT EXMPT

A.4 Pay Parameters

Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	41.1200		07/01/08	99/99/99
		37.98		08/13/08	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

Overrides: Pay Policy PP14; Leave Policy LP01; Benefit/Deduction Policy DP01; Overtime Profile OP08

B. AGYD (Agency Specific Data)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(775) 687-3744		( ) -		S

Check Distribution: ○ HOME ⊗ PAY LOCATION

C. PENS (Pension Profile)

Employer Portion

Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PERB	CPERB	06/23/03

Employee Portion

Pension System	Deduction Type	Deduction Plan	Effective Date
PERS			/ /

D. Tax (Employee Tax Parameters)

Effective Date	FICA Class
06/19/05	B

E. EMPD (Employee Duty Location)

Duty Location
CCD373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
○ ACTIVE ○ INACTIVE ○ N/A	○ ACTIVE ○ INACTIVE ○ N/A

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature Trudy Stanford Date 8/13/08

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1

Certification of the Appointing Authority	Certified by Department / Agency Personnel Rep	Date Records Entered or Approved
The data stated herein is correct and complete and in accordance with State law and regulations	Signature	
Robert [signature] 8-13-08	687-3744 8/13/08	Certified by State Personnel Department [signature] 8/13/08
Appointing Authority Signature / Date	Phone No. / Date	Signature

...MENT STATUS MAINTENANCE ... NSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 08/16/2008

Employee ID	Name / First	Middle	Last	Suffix
003485	TRUDY	D	STANFORD	

Appt ID	Effective Date	Expiration Date
	08/25/08	/ /

	Personnel Action	Reason	Emp Status	Remarks	Records Date Rec'd
1.	SLCH / SLCH		X	POS.STAT: ACTIVE NONCLASSIFIED POSITION	RECEIVED AUG 25 2008 NV DEPT. OF PERSONNEL RECORDS
2.					
3.					

Assignment Information		Bed Tracking	Position #	Full Time	Table Driven Pay	Grade	Step	Rate of Pay - Biweekly $
012	1005	○ YES ○ NO ○ NA	0010	1.00	○ YES ○ NO			

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	List #
/ /	/ /	/ /	08/27/94	08/27/82	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description	Overrides
CNTL	88-8	0	E80H	NON CLASS/EARN LEAVE/NOT EXMPT	PP14

A.4 Pay Parameters

Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	37.9800 / 3.08		08/13/08 / 08/25/08	99/99/99
				/ /	/ /
				/ /	/ /
				/ /	/ /

Leave Policy	Benefit/Deduction Policy	Overtime Profile
1P01	DP01	DP08

B. AGYD (Agency Specific Data)

Pay Location	Work Location	Work Location Phone #	Extension	Work Location Phone #	Extension	Work Cycle
CCNCW	CCNCW	(775) 687-3744		( ) -		S

Check Distribution: ○ HOME ○ X PAY LOCATION

C. PENS (Pension Profile)

Pension System	Deduction Type	Deduction Plan	Effective Date	Employee Portion: Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PER8	CPER8	06/23/03	PERS			/ /

D. Tax (Employee Tax Parameters)

Effective Date	Fica Class
06/19/05	B

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
○ ACTIVE ○ INACTIVE ○ X NA	○ ACTIVE ○ INACTIVE ○ X NA

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 8/25/08

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency notify is the employee's overtime liability. If not, outgoing agency is required to pay off balance per NAC 284.254.1

Certification of the Appointing Authority	Certified by Department / Agency Personnel Dept	Date Records Entered or Approved
The data stated herein is correct and complete and in accordance with State law and regulations	[signature] Signature	
[signature] 8-25-08	687-3744 8/25/08	CKW 9/3/08
Appointing Authority Signature / Date	Phone No. / Date	Signature

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

[redacted]

PRINTED ON : 07/07/2007

Name			
JOSEPH	C	STROLIN	

Effective Date	Effective Time
07/02/07	/ /

C U L X	M 0 2	X	POS-STAT: ACTIVE NONCLASSIFIED POSITION	
1 S L C H				
2.				
3				

Longevity Information		Exempt		Full Time	Table Driven Pay	Grade	Step	Rate
U 1 2	1 0 0 5	YES / NO / N/A	0 0 0 7	1.0 0	YES / NO	4 5		

A.2 Dates

Probationary End	Performance Eval	Merit Increase	Step Increase	Date	Date	Date
/ /	/ /	/ /	/ /	07 /08 /80	07 /08 /80	/ /

A.3 Assignment Attributes - Position Attributes

					Overrides
C N T C	8 3 8 8	8 0	C S C H	NON CLASS/EARN LEAVE/EXEMPT	X E P 1 6

A.4 Pay Parameters

P R T	A	4 5 -0 6 0 0		07 /01 /07	99 /99 /99		L P 0 1
		5 2 50		07 /02 /07	/ /		
				/ /	/ /		D P 0 1
				/ /	/ /		
				/ /	/ /		
				/ /	/ /		

B. AGYD (Agency Specific Data)

							Check Distribution:
C C N C H	C C N C H	(775) 687-3744		( )		S	HOME / DAY LOCATION
		( )		( )			

C. PERB (Pension Profile)

Employer Portion				Employee Portion			
P E R S	P E R B	C P E R B	03/06/99	P E R S			/ /

D. Tax (Employee Tax Parameters)

09/17/00	X
/ /	

E. EMPD (Employee Duty Location)

CC0373

F. ENRA (Employee Roll Assignment)

X ACTIVE	X ACTIVE
INACTIVE	INACTIVE
N/A	N/A

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NV DEPT. OF PERSONNEL RECORDS

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for employee corrections.

Employee Signature _____ Date 7/16/07

My signature certifies that I have read and understood the information contained on this form.

For Transfers Only: _____ Initial here if your agency is to pay the employee's overtime liability. If not, outgoing agency is required to pay off balance per NAC 284.204.1

Certification of the Hiring Authority	Certified by Department / Agency Personnel Rep	Data Recorded in Central Authority
The data stated herein is correct and complete and in accordance with state law and regulations	Signature	Received in State Personnel Certified
Appointing Authority Signature — Date 7-16-07	687-3744 — Phone No. — 7/16/07 Date	Signature — 7/17/07

ESMT-A (7-06)

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 07/21/2007

Employee ID	Name	Middle	Last	Suffix
[redacted]	JOSEPH		STROLIN	

Action	Effective Date	Expiration Date
	07/16/07	/ /

	Personnel Action	Reason	Status	Remarks	Accounting Date
1.	SLCH		X	POS.STAT: ACTIVE NONCLASSIFIED POSITION	
2.					
3.					

Assignment Information		Reg. Pay Time	Position	Full Time	Table Driven Pay	Status	Step	Date of Pay / Service
012	1005	(X) YES ( ) NO ( ) N/A	0007	1.00	( ) YES (X) NO	45		

A.2 Dates

Probationary Start	Probationary End	Pay Progression Start	Contract Start Date	Contract Expiration Date	Last Progression Date
/ /	/ /	/ /	07/08/80	07/08/80	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Position	Pay Class	Title Description	Overrides
CNTL	38.8	80	EBOH	NON CLASS/EARN LEAVE/EXEMPT	XPP14

A.4 Pay Parameters

Pay Type	Pay No.	Amount	Percent	Effective Date	Expiration Date
PRI	A	61.5000		07/02/07	99/99/99
		5232		/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

Leave Policy
LP01
OP01

B. AGYD (Agency Specific Data)

Pay Location	Perm Location	Work Location Phone	Extension	Work Location Phone 2	Extension	Work Code
CCNCH	CCNCH	(775) 687-3744		( )		S

Check Distribution: ( ) HOME (X) PAY LOCATION

C. PENS (Pension Profile)

Pension System	Deduction Type	Employer Portion: Deduction Plan	Effective Date	Employee Portion: Pension System	Deduction Type	Deduction Plan	Effective Date
PERS		CPERS	03/06/99	PERS			/ /

D. Tax (Employee Tax Parameters)

Tax Status	Personnel
09/17/00	A

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Insurance	Retirement
(X) ACTIVE ( ) INACTIVE ( ) N/A	(X) ACTIVE ( ) INACTIVE ( ) N/A

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CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for other corrections.

Employee Signature [signature] Date 7/27/07

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.284.1

Certification of the Appointing Authority	Certified by Department / Agency Personnel Rep	Date Records Entered or Approved
The data stated herein is correct and complete and in accordance with State Law and Regulations	[signature] Signature	Certified by State Personnel Department
[signature] 7-27-07	687-3744 7/27/07	[signature] 7/30/07
Appointing Authority Signature / Date	Phone No. / Date	Signature

ESMT-A (7-06)

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 07/19/2008

Employee ID	Name / First	Middle	Last	Suffix
000266	JOSEPH	C	STROLIN	

Appt ID	Effective Date	Expiration Date
	08/13/08	/ /

	Personnel Action	Reason	Emp Status	Remarks
1.	COLA SLCH	M09	X	POS.STAT: ACTIVE NONCLASSIFIED POSITION
2.				
3.				

Salary Change

Called Trudy 8/13/08
must round we don't
key 4 places after decimal

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Assignment Information: Agency	Home Org	Elect Full-Time	Position #	Full Time	Table Driven Pay	Grade	Step	Rate of Pay - Biweekly
012	1005	○ YES ○ NO ○ N/A	0007	1.00	○ YES ○ NO	45		

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	List #
/ /	/ /	/ /	07/08/80	07/08/80	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description	Overrides: Pay Policy
CNTL	88.8	0	E80H	NON CLASS/EARN LEAVE/EXEMPT	XPP14

A.4 Pay Parameters

Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	54.4100		07/01/08	99/99/99
		47.91		08/13/08	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

Leave Policy	Benefit/Deduction Policy	Overtime Profile
LP01	DP01	

B. AGYD (Agency Specific Data)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(775) 687-3744		( ) -		S

Check Distribution: ○ HOME ☒ PAY LOCATION

C. PENS (Pension Profile)

Pension System	Deduction Type	Deduction Plan	Effective Date	Employee Portion: Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PER8	CPER8	03/06/99	PERS			/ /

D. Tax (Employee Tax Parameters)

Effective Date	FICA Class
09/17/00	A

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
○ ACTIVE ○ INACTIVE ○ N/A	○ ACTIVE ○ INACTIVE ○ N/A

CERTIFICATE and SIGNATURE. Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 8/13/08

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1

Certification of the Appointing Authority	Certified by Department / Agency Personnel Rep	Date Records Entered or Approved
THE DATA STATED HEREIN IS CORRECT AND COMPLETE AND IN ACCORDANCE WITH STATE LAW AND REGULATIONS.	[signature] Signature	
[signature] 8-13-08	687.3744 8/13/08	Ckm 8/13/08
Appointing Authority Signature / Date	Phone No. / Date	Signature

...ESTMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 08/16/2008

Employee ID	Name / First	Middle	Last	Suffix
000266	JOSEPH	C	STROLIN	

Appt ID	Effective Date	Expiration Date
	08/25/08	/ /

	Personnel Action	Reason	Emp Status	Remarks	Records Date Rec'd
1.	SLCH SLCH		X	POS.STAT: ACTIVE NONCLASSIFIED POSITION	
2.					
3.					

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Assignment Information: Agency	Home Org	Sed Effective	Position #	% Full Time	Table Driven Pay	Grade	Step	Date of Entry
012	1005	X YES / NO / N/A	0007	1.00	YES / X NO	45		

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	List #
/ /	/ /	/ /	07/08/80	07/08/80	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description	Overrides: Pay Policy
CNTL	88.888	0	E80H	NON CLASS/EARN LEAVE/EXEMPT	XPP14

A.4 Pay Parameters

Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	47.9100		08/13/08	99/99/99
		45.51		08/25/08	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

Leave Policy: LP01
Effect/Deduction Policy: DP01
Overtime Profile:

B. AGYD (Agency Specific Date)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(775) 687-3744		( ) -		S

Check Distribution: ○ Home ☒ Pay Location

C. PENB (Pension Profile)

Employer Portion

Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PER8	CPER8	03/06/99

Employee Portion

Pension System	Deduction Type	Deduction Plan	Effective Date
PERS			/ /

D. Tax (Employee Tax Parameters)

Effective Date	FICA Class
09/17/00	A

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
X ACTIVE / INACTIVE / N/A	X ACTIVE / INACTIVE / N/A

CERTIFICATE and SIGNATURE; Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 8/25/08

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency accept the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1

Certification of the Appointing Authority: The data stated herein is correct and complete and in accordance with State law and regulations.	Certified by Department / Agency Personnel Dept.	Date Record Entered or Approved
[signature] 8-25-08	[signature]	
Appointing Authority Signature / Date	Signature	Certified by State Personnel Department
	687-3744 8/25/08	CKW 9/3/08
	Phone No. / Date	Signature

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 07/07/2007

[redacted]			
SUSAN	WALLACE	LYNCH	
07/02/07	/ /		

	C D L A	M 0 8	X	POS-STAT: ACTIVE NONCLASSIFIED POSITION
1.	S L C H			
2.				
3.				

0 1 2	1 0 0 5	☒ YES ○ NO ○ N/A	0 0 0 6	1-0 0	○ YES ☒ NO	4 5		

A.2 Dates

/ /	/ /	/ /	07 /01 /98	07 /01 /98		

A.3 Assignment Attributes - Position Attributes

					Overrides
C N I L	8 8 - 8 8 8 0	F 8 0 H	NON CLASS/EARN LEAVE/EXEMPT		X P P 1 4

A.4 Pay Parameters

P R I	A	4 5 - 0 6 0 0		07 /01 /07	99 /99 /99	L P 0 1
		5 2.50		07 02 07	/ /	
				/ /	/ /	D P 0 1
					/ /	
					/ /	

52.32
as of 7/16/08

B. AGYD (Agency Specific Date)

C C N C H	C C		1	S	Check Distribution: ○ HOME ☒ PAY LOCATION

C. PENS (Pension Profile)

P E R S	P E R S			/ /

Employee Portion

S			/ /

D. Tax (Employee Tax Parameters)

04/16/00	B

E. EMPD (Employee Duty Location)

CC0373

F. EMRA (Employee Roll Assignment)

MANAGERIAL	SUPERVISOR
☒ ACTIVE ○ INACTIVE ○ N/A	☒ ACTIVE ○ INACTIVE ○ N/A

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CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature Susan W Lynch Date 7/16/07

My signature certifies that I have read and understood this information completed on this form.

Per Transfers Only: _____ Initial here if your agency is taking the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1

CERTIFICATION OF THE PRINTING AUTHORITY	CERTIFIED BY DEPARTMENT / AGENCY PERSONNEL REP	DATE RECORDS ENTERED OR APPROVED
THE DATA STATED HEREIN IS CORRECT AND COMPLETE AND IN ACCORDANCE WITH STATE LAW AND REGULATIONS	Signature	
Appointing Authority Signature: [signature] Date: 7-16-07	Phone No.: 687-3744 Date: 7/16/07	Signature: [signature] 7/17/07

ESMT-A (7-08)

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 07/19/2008

Employee ID	Name / First	Middle	Last	Suffix
003715	SUSAN	WALLACE	LYNCH	

Appt ID	Effective Date	Expiration Date
	08/13/08	/ /

	Personnel Action	Reason	Emp Status	Remarks
1.	COLA	M09	X	POS.STAT: ACTIVE NONCLASSIFIED POSITION
2.				
3.				

Salary change

Spoke w/ Trudy 8/13/08
Informed only two places after decimal

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Assignment Information: Agency	Home Org.	Sec. Full-Time	Position #	% Full Time	Table Driven Pay	Grade	Step	Rate of Pay - Biweekly $
012	1005	○ YES ○ NO ○ N/A	0006	1.00	○ YES ○ NO	45		

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	Ust #
/ /	/ /	/ /	07/01/98	07/01/98	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description
CNTL	88.8[illegible]3	0	E80H	NON CLASS/EARN LEAVE/EXEMPT

Overrides

Pay Policy	Leave Policy	Benefit/Deduction Policy	Overtime Profile
XPP14	LP01	DP01	

A.4 Pay Parameters

Pay Type	Ap Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	5[illegible].4100		07/01/08	99/99/99
		4791		08/13/08	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

B. AGYD (Agency Specific Date)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(702) 637-3744		( ) -		S

Check Distribution: ○ Home ☒ Pay Location

C. PENS (Pension Profile)

Pension System	Deduction Type	Deduction Plan	Effective Date	Employee Portion: Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PER8	CPER8	03/06/99	PERS			/ /

D. Tax (Employee Tax Parameters)

Effective Date	Fica Class
04/16/00	B

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
☒ ACTIVE ○ INACTIVE ○ N/A	☒ ACTIVE ○ INACTIVE ○ N/A

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature Susan W Lynch Date 8/13/08

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1.

Certification of the Appointing Authority	Certified by Department/Agency Personnel Rep	Date Records Entered or Approved
The data stated herein is correct and complete and in accordance with State law and regulations.	[signature] Signature	
[signature] Appointing Authority Signature — Date 8-13-08	Phone No. 637-3744 — Date 8/13/08	Signature — Certified by State Personnel Department [signature] 8/13/08

ESTABLISHMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

PRINTED ON : 08/16/2008

A.1 Job Assignment

Employee ID	Name - First	Middle	Last	Suffix
003715	SUSAN	WALLACE	LYNCH	

Appt ID	Effective Date	Expiration Date
	08/25/08	/ /

	Personnel Action	Reason	Emp Status	Remarks
	SLCH		X	POS.STAT: ACTIVE NONCLASSIFIED POSITION
1.	SLCH			
2.				
3.				

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NV DEPT. OF PERSONNEL RECORDS

Assignment Information									
Agency	Home Org	Cbo Overtime	Position #	Full Time	Table Unless Pay	Grade	Step	Rate of Pay - Hourly	
012	1005	X YES / NO / N/A	00006	1.00	YES / X NO	45			

A.2 Dates

Probationary Start	Probationary End	Pay Probation Start	Continuous Service Date	Leave Probation Start	Unit 2
/ /	/ /	/ /	07/01/98	07/01/98	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description
CNTL	8888	0	E80H	NON CLASS/EARN LEAVE/EXEMPT

Overrides

Pay Policy	Leave Policy	Benefit Deduction Policy	Overtime Profile
XPP14	LP01	DP01	

A.4 Pay Parameters

Pay Type	A/P No	Amount	Percent	Effective Date	Expiration Date
PRT	A	4,191.00		08/13/08	99/99/99
		4,195.51		08/25/08	
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

B. AGYD (Agency Specific Date)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(702) 637-3744		( ) -		S
		( ) -		( ) -		

Check Distribution: ○ Home ☒ Pay Location

C. PENS (Pension Profile)

Employer Portion: Pension System	Deduction Type	Deduction Plan	Effective Date	Employee Portion: Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PER8	CPER8	03/06/99	PERS			/ /

D. Tax (Employee Tax Parameters)

Effective Date	FICA Class
04/16/00	B

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
○ ACTIVE ☒ INACTIVE ○ N/A	○ ACTIVE ☒ INACTIVE ○ N/A

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature: Susan Lynch Date: 8 25 08

My signature certifies that I have read and understand the information completed on this form.

For Transfers Only: _____ Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1

Certification of the Appointing Authority	Certified by Department/Agency Personnel Rep	Date Records Entered or Approved
The data stated herein is correct and complete and in accordance with State Law and Regulations.	Signature	
Appointing Authority Signature: 8-25-08 Date	Phone No.: 687-3741 Date: 8/25/08	Certified by State Personnel Department: CKW 9/3/08 Signature

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 07/07/2007

[redacted]

CATHY | SACK

07/02/07 | / /

	C O L A	M O B	X	POS.STAT: ACTIVE NONCLASSIFIED POSITION
1.	S L C A			
2.				
3.				

0 1 2	1 0 0 5	(X) YES ( ) NO ( ) N/A	0 0 0 4	1.0 0	( ) YES (X) NO			

A.2 Dates

/ /	/ /	/ /	04/17/78	04/16/78	

A.3 Assignment Attributes - Position Attributes

C N I L	3 8 - 8 1 0 0	E 0 0 H	NON CLASS/EARN LEAVE/NOT EXMPT		Overrides: P P 1 4

A.4 Pay Parameters

P R I	A	2 1 - 3 7 0 0		07/01/07	99/99/99	L P 0 1
		3 3 . 4 8		07/02/07	/ /	O P 0 1
				/ /	/ /	O P 0 8
				/ /	/ /	
				/ /	/ /	

B. AGYD (Agency Specific Data)

C C N C W	C C N C W	(775) 687-3744		( ) -		S

Check Distribution: ( ) HOME (X) PAY LOCATION

C. PENS (Pension Profile)

P E R S	P E R S	C P E R S	03/06/99	P E R S			/ /

D. Tax (Employee Tax Parameters)

03/06/99	X

E. EMPD (Employee Duty Location)

CC0373

F. EMRA (Employee Roll Assignment)

MANAGER	SUPERVISOR
( ) ACTIVE ( ) INACTIVE (X) N/A	(X) ACTIVE ( ) INACTIVE ( ) N/A

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NV DEPT. OF PERSONNEL RECORDS

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 07/16/07

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ initial here if your agency accepts the employee's overtime liability, if no, originating agency is required to pay off balance per NAC 284.254.1.

CERTIFICATION OF THE PERSONNEL AUTHORITY	CERTIFIED BY DEPARTMENT / AGENCY PERSONNEL REP.	DATA ACCURACY CHECKED OR APPROVED
THE DATA STATED HEREIN IS CORRECT AND COMPLETE AND IN ACCORDANCE WITH STATE LAW AND REGULATIONS	[signature] Signature	CERTIFIED BY STATE PERSONNEL DEPARTMENT
[signature] Appointing Authority Signature	7-16-07 Date; 687-3744 Phone No.; 7/16/07 Date	[signature] Signature 7/17/07

ESMT-A (7-06)

STATE OF NEVADA [illegible]PLOYMENT STATUS MAINTENANCE T[illegible]NSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 07/19/2008

Employee ID	Name / First	Middle	Last	Suffix
000649	CATHY	P	SACK	

Appt ID	Effective Date	Expiration Date
	08/13/08	/ /

	Personnel Action	Reason	Emp Status	Remarks
1.	COLA	M09	X	POS.STAT: ACTIVE NONCLASSIFIED POSITION
2.	SLCH			
3.				

Salary change

Spoke w/ Trudy 8/13/08 informed only two place after decimal

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Assignment Information: Agency	Home Org.	Regular Time	Position #	% Full Time	Table Driven Pay	Grade	Step	Date of Pay - Annually
012	1005	○ YES ○ NO ○ N/A	0004	1.00	○ YES ○ NO			

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	List #
/ /	/ /	/ /	04/17/78	04/15/78	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description
CNT1	88.8[illegible]0	0	E80H	NON CLASS/EARN LEAVE/NOT EXMPT

A.4 Pay Parameters

Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	34.69.00		07/01/08	99/99/99
		30.56		08/13/08	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

Overrides: Pay Policy: PP14; Leave Policy: LP01; Benefit/Deduction Policy: DP01; Overtime Profile: OP08

B. AGYD (Agency Specific Data)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(775) 687-3744		( )		S

Check Distribution: ○ HOME ☒ PAY LOCATION

C. PENS (Pension Profile)

Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PERB8	CPERB	03/06/99

Employer Portion

Pension System	Deduction Type	Deduction Plan	Effective Date
PERS			/ /

Employee Portion

D. Tax (Employee Tax Parameters)

Effective Date	FICA Class
03/06/99	A

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
○ ACTIVE ○ INACTIVE ○ N/A	☒ ACTIVE ○ INACTIVE ○ N/A

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error correction.

Employee Signature [signature] Date 08/13/08

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only. _____ Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1

Certification of the Authorizing Authority: The data stated herein is correct and complete and is accordance with State law and regulations	Certified by Department / Agency Personnel Rep	Date Records Entered or Approved
[signature] 8-13-08	[signature]	
Appointing Authority Signature / Date	Signature / Phone No. 687-3744 / Date 8/13/08	Certified by State Personnel Department / Signature [signature] 8/13/08

STATE OF NEVADA — EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 08/16/2008

Employee ID	Name / First	Middle	Last	Suffix
000649	CATHY	P	SACK	

Appt ID	Effective Date	Expiration Date
	08/25/08	/ /

	Personnel Action	Reason	Emp Status
1	SLCH / SLCH		X
2.			
3.			

Remarks: POS.STAT: ACTIVE NONCLASSIFIED POSITION

Records Date Rec'd: RECEIVED AUG 25 2008 NV DEPT. OF PERSONNEL RECORDS

Assignment Information	Home Org	Sec Full-Time	Position #	% Full Time	Table Driven Pay	Grade	Step	Rate of Pay - Biweekly $
012	1005	○ YES ○ NO ○ N/A	0004	1.00	○ YES ○ X NO			

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	List #
/ /	/ /	/ /	04/17/78	04/16/78	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description	Overrides: Pay Policy
CNTL	88.8	0	E80H	NON CLASS/EARN LEAVE/NOT EXMPT	PP14

A.4 Pay Parameters

Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	30.5500 / 29.02		08/13/08 / 08/25/08	99/99/99 / /
				/ /	/ /
				/ /	/ /
				/ /	/ /

Leave Policy: LP01

Benefit/Deduction Policy: DP01

Overtime Profile: OP08

B. AGYD (Agency Specific Data)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(775) 687-3744		( ) -		S

Check Distribution: ○ HOME ○ X PAY LOCATION

C. PENS (Pension Profile)

Employer Portion

Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PER8	CPER8	03/06/99

Employee Portion

Pension System	Deduction Type	Deduction Plan	Effective Date
PERS			/ /

D. Tax (Employee Tax Parameters)

Effective Date	FICA Class
03/06/99	A

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
○ ACTIVE ○ INACTIVE ○ X N/A	○ X ACTIVE ○ INACTIVE ○ N/A

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 08/25/08

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency agrees to the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.264.1

Certification of the Appointing Authority: The data stated herein is correct and complete and in accordance with State law and regulations	Certified by Department / Agency Personnel Rep	Date Records Entered / Approved
[signature] Appointing Authority Signature — Date 8-25-08	[signature] Signature — Phone No. 687-3744 — Date 8/25/08	Certified by State Personnel Department: CKW Signature 9/3/08

ESMT-A (7-08)

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 07/07/2007

Employee ID	Name	Middle	Last	Suffix
[redacted]	PAUL		MASER	

Approved	Effective Date	Expiration Date
	07/02/07	/ /

	Personnel Action	Reason	Emp Status	Description
1.	C O L A	M O B	X	POS-STAT: ACTIVE NONCLASSIFIED POSITION
2.	S L C H			
3.				

Agency	Unit	Cost Allocation	Cost Allocation	Cost Allocation	Table Driven Pay	Pay Rate	Step	Rate of Pay Driven by
0 1 2	1 0 0 5	X YES / NO / N/A	0 0 1 2	1-0 0	YES / X NO	4 5		

A.2 Dates

Probation Start	Probation End	Pay Progression Date	Continuous Service Date	Date Promoted Date	Mgt
/ /	/ /	/ /	06/05/95	06/05/95	

A.3 Assignment Attributes - Position Attributes

Pay Type	Pay No.	Amount	Percent	Description	Overrides
C N T L	B 8 - 8 1 8 0	E B O H		NON CLASS/EARN LEAVE/EXEMPT	X P P 1 4

A.4 Pay Parameters

Pay Type	Pay No.	Amount	Percent	Effective Date	Expiration Date	Overrides
P R I	A	3 1 - 5 1 0 0		07/01/07	99/99/99	L P 0 1
		4 1 . 6 2		07/02/07	/ /	
				/ /	/ /	U P 0 1
				/ /	/ /	
				/ /	/ /	

B. AGYD (Agency Specific Date)

Pay Location	Work Location	Work Location Phone	Extension	Work Location Phone	Extension	Work Cycle
C C N C W	C C N C W	(775)-687-3744		( )		S

Check Distribution: ○ Home ☒ Pay Location

C. PENS (Pension Profile)

Pension Profile	Employer Portion	Employer Portion	Employer Portion	Employee Portion	Employee Portion	Employee Portion	Employee Portion
P E R S	P E R S R	C P E R S	03/06/99	P E R S			/ /

D. Tax (Employee Tax Parameters)

Date	Tax Parameters
03/12/06	B

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Position	Supervisor
○ ACTIVE ○ INACTIVE ☒ N/A	○ ACTIVE ○ INACTIVE ☒ N/A

RECEIVED
JUL 16 2007
NV DEPT. OF PERSONNEL RECORDS

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature: Jane Maser Date: 7/16/2007

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency is able the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1.

Certification of Appointing Authority	Certified by Department / Agency Personnel Rep.	Date Records Entered or Approved
THE DATA STATED HEREIN IS CORRECT AND COMPLETE WITHIN ACCORDANCE WITH STATE LAW AND REGULATIONS	Signature: Cathy P. Soale	Certified by State Personnel Department
Appointing Authority Signature: [signature] Date: 7-16-07	Phone No.: 687-3744 Date: 7/16/07	Signature: [signature] 7/17/07

ESMT-A (7-06)

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 07/19/2008

Employee ID	Name / First	Middle	Last	Suffix
012319	PAUL	I	MASER	

Appt ID	Effective Date	Expiration Date
	08/13/08	/ /

	Personnel Action	Reason	Emp Status	Remarks
1.	COLA SLCH	MOS	X	POS.STAT: ACTIVE NONCLASSIFIED POSITION
2.				Salary Change
3.				

Spoke w/ Trudy 8/13/08 informed only two place after decimal

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AUG 13 2008
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Assignment Information: Agency	Home Org	Eligible Time	Position	% Full Time	Table Driven Pay	Grade	Step	Rate of Pay - Biweekly
012	1005	○ YES ○ NO ○ N/A	0012	1.00	○ YES ○ NO	45		

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	List #
/ /	/ /	/ /	06/05/95	06/05/95	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Sub Title	Pay Class	Title Description
CNT1	38.888	0	E80H	NON CLASS/EARN LEAVE/EXEMPT

Overrides

Pay Policy	Leave Policy	Benefit/Deduction Policy	Overtime Profile
XPP14	LP01	DP01	

A.4 Pay Parameters

Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	43.1200		07/01/08	99/99/99
		37.98		08/13/08	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

B. AGYD (Agency Specific Date)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(775) 687-3744		( ) -		S

Check Distribution: ○ HOME ☒ PAY LOCATION

C. PENS (Pension Profile)

Employer Portion

Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PER8R	CPER8	03/06/99

Employee Portion

Pension System	Deduction Type	Deduction Plan	Effective Date
PERS			/ /

D. Tax (Employee Tax Parameters)

Effective Date	FICA Class
03/12/06	B

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
○ ACTIVE ○ INACTIVE ☒ N/A	○ ACTIVE ○ INACTIVE ☒ N/A

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 8/13/08

My signature certifies that I have read and understand the information completed on this form.

For Transfers Only: _____ Initial name if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1

Certification of the Appointing Authority: The data stated herein is correct and complete and is accordance with State law and regulations	Certified by Department / Agency Personnel Rep	Date Records Entered or Approved
[signature] 8-13-08	[signature]	
Appointing Authority Signature / Date	Signature	Certified by State Personnel Department
	687-3744 8/13/08	[signature] 8/13/08
	Phone No. / Date	Signature

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

A.1 Job Assignment

PRINTED ON : 08/16/2008

Employee ID	Name / First	Middle	Last	Suffix
012379	PAUL	T	MASER	

Appt ID	Effective Date	Expiration Date
	08/25/08	/ /

	Personnel Action	Reason	Emp Status	Remarks
1.	SLCH		X	POS.STAT: ACTIVE NONCLASSIFIED POSITION
2.				
3.				

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Assignment Information: Agency	Home Org.	Eco Full-Time	Position #	% Full Time	Table Driven Pay	Grade	Step	Rate of Pay - Hourly
012	1005	X YES / NO / N/A	0012	1.00	YES / X NO	45		

A.2 Dates

Probation/Trial Start	Probation/Trial End	Pay Progression Start	Continuous Service Date	Leave Progression Start	Lot #
/ /	/ /	/ /	06/05/95	06/05/95	

A.3 Assignment Attributes - Position Attributes

Payroll Number	Title	Job Title	Pay Class	Title Description	Overrides: Pay Policy
CNTL	B8.8 8	0	E80H	NON CLASS/EARN LEAVE/EXEMPT	XPP14

A.4 Pay Parameters

Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date
PRT	A	3[illegible].9800		08/13/08	99/99/99
		3[illegible].08		08/25/08	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

Leave Policy: LP01
Benefit/Deduction Policy: DP01
Overtime Profile:

B. AGYD (Agency Specific Date)

Pay Location	Work Location	Work Location Phone 1	Extension	Work Location Phone 2	Extension	Work Cycle
CCNCW	CCNCW	(775) 687-3744		( ) -		S

Check Distribution: HOME / X PAY LOCATION

C. PENS (Pension Profile)

Pension System	Deduction Type	Deduction Plan	Effective Date	Employee Portion: Pension System	Deduction Type	Deduction Plan	Effective Date
PERS	PER8R	CPER8	03/06/99	PERS			/ /

D. Tax (Employee Tax Parameters)

Effective Date	Fica Class
03/12/06	B

E. EMPD (Employee Duty Location)

Duty Location
CC0373

F. EMRA (Employee Roll Assignment)

Manager	Supervisor
ACTIVE / INACTIVE / X N/A	ACTIVE / INACTIVE / X N/A

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature [signature] Date 08/25/08

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: _____ Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay off balance per NAC 284.254.1

Certification of the Appointing Authority	Certified by Department / Agency Personnel Rep	Date Personnel Entered or Approved
THE DATA STATED HEREIN IS CORRECT AND COMPLETE AND IN ACCORDANCE WITH STATE LAW AND REGULATIONS	[signature] Signature	
[signature] 8-25-08	687-3744 8/25/08	Certified by State Personnel Department: [signature] 9/3/08
Appointing Authority Signature / Date	Phone No. / Date	Signature