

NEVADA DIVISION OF STATE PARKS  
POLICY ADMINISTRATIVE MANUAL

Policy No. 20-4  
Reference No. NAC 284.434 & 284.442  
Administrator [Signature]  
Admin. Signature Date 3-09-07  
DCNR [Signature] Date 3/9/07  
Reviewed On [Signature]

PERSONNEL  
Filling Vacant/Seasonal Positions

**POLICY:** Hiring seasonal staff will be conducted in a systematic manner.

**PURPOSE:** To provide for fair and unbiased recruitment of seasonal employees.

**PROCEDURE:**

- I. Seasonal employees, who have obtained "permanent status," will be given preference for seasonal position vacancies in accordance with NAC 284.434 and 284.442.
- II. All eligible seasonal employees who are interested in reemployment will be required to respond, in writing, prior to the specified deadline. They must indicate they will be available for the entire term of employment.
- III. *Seasonal employees who are seeking a transfer are responsible for completing the appropriate application and getting the required approvals.*
- IV. *The park that accepts a seasonal transfer is responsible for managing the employees leave balances.*
- V. Each Regional Manager will review applications for seasonal employment within their region. Appointments will be made from approved applications.
- VI. Reference ADM-18 "Seasonal Hiring Checklist" (Attachment A) for necessary paperwork. A completed form must be included in each hiring packet.

**RULES:** All rules concerning Equal Employment Opportunity and Americans with Disability Act requirements will be followed according to the State Affirmative Action Plan and Division ADA/504 Plan. Efforts to conduct outreach for minorities and disabled persons will be conducted through the State EEO Office referrals, and job orders with the Employment Security Department when appropriate.

Nevada Division of State Parks  
SEASONAL HIRING CHECKLIST

EMPLOYEE NAME \_\_\_\_\_ SS# or ID# \_\_\_\_\_

START DATE \_\_\_\_\_ TITLE \_\_\_\_\_ POSITION CONTROL # \_\_\_\_\_

NEW SEASONAL

- Will work more than 80 hours during 1<sup>st</sup> month of employment
- Will work less than 80 hours during 1<sup>st</sup> month of employment
  
- Approved Application
- Signed Essential Functions (ADA-01 & ADA-03) AND Work Performance Standards (WPS) AND Acknowledgement Form for DCNR Prohibitions & Penalties
- ESMT-A (completed by the Accounting Assistant/RM and signed by employee) AND ESMT-B (completed and signed by employee)
- I-9 Employment Eligibility Verification
- Form SSA-1945 (Statement Concerning Your Employment in a Job not covered by Social Security)
- W-4
- Variable Work Week Agreement (if applicable) OR RDOs
- Paycheck Cashing Policy Acknowledgement Form
- FICA Alternative Plan Enrollment Forms OR PERS Member Enrollment Form and Beneficiary Designation Form IF working more than 1039 hrs in a Fiscal Year
- PEBP Employee Hiring Form (EHF) AND Benefits Enrollment and Change Form (BECF), AND Patient Protection and Affordable Care Act letter
- Uniform Allowance - Maintenance Document (ADM 43) AND Uniform Policy Verification Form (ADM 40)
- Sexual Harassment and Discrimination Policy Acknowledgement Form
- TS-58 Alcohol/Drug Free Workplace Acknowledgement Form
- Safety in the Workplace Form
- DCNR Information Technology Policy #IT-001 Acknowledgement Form
- Emergency Contact Form (ADM 41)
- Provide a list of all state park policies and highlight critical policies for employee to read within 2 weeks.

RETURNING SEASONAL

- Approved Application (if returning in a different class title)
- Signed Essential Functions (ADA-01 & ADA-03) AND Work Performance Standards (WPS) AND Acknowledgement Form for DCNR Prohibitions & Penalties
- ESMT-A AND ESMT-B (completed the same as for new seasonal, see above)
- I-9 Employment Eligibility Verification
- W-4
- Variable Work Week Agreement (if applicable) OR RDOs
- FICA Alternative Plan Enrollment Form OR Social Security Contribution Form (ADM 42) OR PERS Member Enrollment and Beneficiary Designation Forms IF working more than 1039 hrs in a Fiscal Year
- PEBP Employee Hiring Form (EHF) AND Benefits Enrollment and Change Form (BECF), AND Patient Protection and Affordable Care Act Letter
- Uniform Allowance-Maintenance Document (ADM 43) AND Uniform Policy Verification Form (ADM 40)
- Sexual Harassment and Discrimination Policy Acknowledgement Form
- DCNR Information Technology Policy #IT-001 Acknowledgement
- Emergency Contact Form (ADM 41)