STEVE SISOLAK
Governor

RICHARD WHITLEY, MS
Director

JULIE KOTCHEVAR, Ph.D
Administrator

IHSAN AZZAM, Ph.D., M.D.
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Bureau of Health Care Quality and Compliance
727 Fairview Drive Ste. E
Carson City, Nevada 89701
Telephone (775) 684-1030 • Fax (775) 684-1073
http://dpbh.nv.gov

DATE: January 25, 2019

MEMORANDUM

To: Margot Chappel, Deputy Administrator MC
Division of Public and Behavioral Health

Through: Paul Shubert, Bureau Chief, Health Care Quality and Compliance P.S.

From: Nathan Orme, Education and Information Officer
Subject: Overtime Request for the Public and Behavioral Health
Bureau of Health Care Quality and Compliance

We are requesting approval of overtime in Pay Periods (17, 18, 19, 20, 21, 22, 23, 24, 25) for Nathan Orme to coordinate the Legislative Liaison duties for the Division of Public and Behavioral Health during the 2019 legislative session. These activities include:

- Assigning all Agency Legislative Status Reports (ALSR) assigned by the DHHS Director's Office to Team Julie Kotchevar (DPBH)
- Researching bills as needed for ALSRs
- Reviewing all ALSRs
- Coordinating approval of ALSRs by deputy administrators and DPBH administrator
- Working with other DHHS divisions on ALSRs
- Attending weekly or as-needed meetings about DHHS legislation analysis
- Continuing to complete work for Bureau of Health Care Quality and Compliance for public awareness (regular job duties)
- Updating of website for HCQC and other DPBH programs as needed
- Various ongoing projects (e.g., Recovery-Friendly Workplace, opioid overdose awareness)

It is important to have one person coordinate the activities in order to ensure items are not missed and there is a coordinated effort. Although some of the workload will be distributed to other managers the amount of additional workload is estimated to be 8 hours of work per week although it is anticipated additional hours may be needed in certain weeks. If additional hours are required beyond the 8 hours per week; a separate request will be submitted on an emergency bases or through a memo depending on the circumstances.

The individual overtime request forms are attached. I do not expect to be able to complete all the work within the allotted forty-hour work week. Therefore, 8 hours of overtime is requested for each week within PPs 17, 18, 19, 20, 21, 22, 23, 24, and 25, for a total of 16 hours per pay period. I currently do not have any leave requests during

the pay periods being requested but if I need leave during these time periods I will use flex time to avoid the use of overtime.

Every attempt will be made to minimize the amount of overtime requested and/or used. Thank you for your continued support and consideration of this request.

DEPARTMENT OF HEALTH & HUMAN SERVICES
REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME
(Approved forms to be retained at Division Administrator's Office)

EMPLOYEE'S NAME: Nathan Orme **CLASS TITLE:** Education and Information Officer

DIVISION: :DPBH **AGENCY/OFFICE:** HCQC **BUDGET ACCT:** 3218

PAY PERIOD NO. 17 **BEGIN DATE:** 01/28/2019 **END DATE:** 02/10/2019

OT TOTAL HOURS	COMP TIME TOTAL HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
8		01/28/2019	Variable*	02/01/2019	Variable*	30	Extra Workload due to Legislative Session
8		02/04/2019	Variable*	02/08/2018	Variable*	30	Extra Workload due to Legislative Session

*Exact times will be variable depending on need during the legislative session

Employee's Signature: Date: 1-28-19

Authorized Supervisor's/Manager's Signature: Paul Shubert Date: 1/28/19

Deputy Administrator Regulatory and Planning Services' Signature: Date:

Margot Chappel 1/29/19 MC

DEPARTMENT OF HEALTH & HUMAN SERVICES
REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME
(Approved forms to be retained at Division Administrator's Office)

EMPLOYEE'S NAME: Nathan Orme **CLASS TITLE:** Education and Information Officer

DIVISION: :DPBH **AGENCY/OFFICE:** HCQC **BUDGET ACCT:** 3218

PAY PERIOD NO. 18 **BEGIN DATE:** 02/11/2019 **END DATE:** 2/24/2019`

OT TOTAL HOURS	COMP TIME TOTAL HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
8		02/11/2019	Variable*	02/15/2019	Variable*	30	Extra Workload due to Legislative Session
8		02/18/2019	Variable*	02/22/2019	Variable*	30	Extra Workload due to Legislative Session

*Exact times will be variable depending on need during the legislative session

Employee's Signature: Date: 1-28-19

Authorized Supervisor's/Manager's Signature: Paul Shubert Date: 1/28/19

Deputy Administrator Regulatory and Planning Services' Signature: Date:

Margot Chappel 1/29/19

DEPARTMENT OF HEALTH & HUMAN SERVICES
REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME
(Approved forms to be retained at Division Administrator's Office)

EMPLOYEE'S NAME: Nathan Orme **CLASS TITLE:** Education and Information Officer

DIVISION: :DPBH **AGENCY/OFFICE:** HCQC **BUDGET ACCT:** 3218

PAY PERIOD NO. 19 **BEGIN DATE:** 02/25/2019 **END DATE:** 03/10/2019

OT TOTAL HOURS	COMP TIME TOTAL HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
8		02/25/2019	Variable*	03/01/2019	Variable*	30	Extra Workload due to Legislative Session
8		03/04/2019	Variable*	03/08/2019	Variable*	30	Extra Workload due to Legislative Session

*Exact times will be variable depending on need during the legislative session

Employee's Signature: Date: 1-28-19

Authorized Supervisor's/Manager's Signature: Paul Shubert Date: 1/28/19

Deputy Administrator Regulatory and Planning Services' Signature: Date:

Margot Chappel 1/29/19

DEPARTMENT OF HEALTH & HUMAN SERVICES
REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME
(Approved forms to be retained at Division Administrator's Office)

EMPLOYEE'S NAME: Nathan Orme **CLASS TITLE:** Education and Information Officer

DIVISION: :DPBH **AGENCY/OFFICE:** HCQC **BUDGET ACCT:** 3218

PAY PERIOD NO. 20 **BEGIN DATE:** 03/11/2019 **END DATE:** 03/24/2019

OT TOTAL HOURS	COMP TIME TOTAL HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
8		03/11/2019	Variable*	03/15/2019	Variable*	30	Extra Workload due to Legislative Session
8		03/18/2019	Variable*	03/22/2019	Variable*	30	Extra Workload due to Legislative Session

*Exact times will be variable depending on need during the legislative session

Employee's Signature: Date: 1-28-19

Authorized Supervisor's/Manager's Signature: Paul Shubert Date: 1/28/19

Deputy Administrator Regulatory and Planning Services' Signature: Date:

Margot Chappel 1/29/19

DEPARTMENT OF HEALTH & HUMAN SERVICES
REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME
(Approved forms to be retained at Division Administrator's Office)

EMPLOYEE'S NAME: Nathan Orme **CLASS TITLE:** Education and Information Officer

DIVISION: :DPBH **AGENCY/OFFICE:** HCQC **BUDGET ACCT:** 3218

PAY PERIOD NO. 21 **BEGIN DATE:** 03/25/2019 **END DATE:** 04/07/2019

OT TOTAL HOURS	COMP TIME TOTAL HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
8		03/25/2019	Variable*	03/29/2019	Variable*	30	Extra Workload due to Legislative Session
8		04/01/2019	Variable*	04/05/2019	Variable*	30	Extra Workload due to Legislative Session

*Exact times will be variable depending on need during the legislative session

Employee's Signature: Date: 1-28-19

Authorized Supervisor's/Manager's Signature: Paul Shubert Date: 1/28/19

Deputy Administrator Regulatory and Planning Services' Signature: Date:

Margot Chappel 1/29/19

DEPARTMENT OF HEALTH & HUMAN SERVICES
REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME
(Approved forms to be retained at Division Administrator's Office)

EMPLOYEE'S NAME: Nathan Orme **CLASS TITLE:** Education and Information Officer

DIVISION: :DPBH **AGENCY/OFFICE:** HCQC **BUDGET ACCT:** 3218

PAY PERIOD NO. 22 **BEGIN DATE:** 04/08/2019 **END DATE:** 04/21/2019

OT TOTAL HOURS	COMP TIME TOTAL HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
8		04/08/2019	Variable*	04/12/2019	Variable*	30	Extra Workload due to Legislative Session
8		04/15/2019	Variable*	04/19/2019	Variable*	30	Extra Workload due to Legislative Session

*Exact times will be variable depending on need during the legislative session

Employee's Signature: Date: 1-28-19

Authorized Supervisor's/Manager's Signature: Paul Shubert Date: 1/28/19

Deputy Administrator Regulatory and Planning Services' Signature: Date:

Margot Chappel 1/29/19

DEPARTMENT OF HEALTH & HUMAN SERVICES
REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME
(Approved forms to be retained at Division Administrator's Office)

EMPLOYEE'S NAME: Nathan Orme **CLASS TITLE:** Education and Information Officer

DIVISION: :DPBH **AGENCY/OFFICE:** HCQC **BUDGET ACCT:** 3218

PAY PERIOD NO. 23 **BEGIN DATE:** 04/22/2019 **END DATE:** 05/05/2019

OT TOTAL HOURS	COMP TIME TOTAL HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
8		04/22/2019	Variable*	04/26/2019	Variable*	30	Extra Workload due to Legislative Session
8		04/29/2019	Variable*	05/03/2019	Variable*	30	Extra Workload due to Legislative Session

*Exact times will be variable depending on need during the legislative session

Employee's Signature: Date: 1-28-19

Authorized Supervisor's/Manager's Signature: Paul Shubert Date: 1/28/19

Deputy Administrator Regulatory and Planning Services' Signature: Date:

Margot Crappel 1/29/19

DEPARTMENT OF HEALTH & HUMAN SERVICES
REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME
(Approved forms to be retained at Division Administrator's Office)

EMPLOYEE'S NAME: Nathan Orme **CLASS TITLE:** Education and Information Officer

DIVISION: :DPBH **AGENCY/OFFICE:** HCQC **BUDGET ACCT:** 3218

PAY PERIOD NO. 24 **BEGIN DATE:** 05/06/2019 **END DATE:** 05/19/2019

OT TOTAL HOURS	COMP TIME TOTAL HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
8		05/06/2019	Variable*	05/10/2019	Variable*	30	Extra Workload due to Legislative Session
8		05/13/2019	Variable*	05/17/2019	Variable*	30	Extra Workload due to Legislative Session

*Exact times will be variable depending on need during the legislative session

Employee's Signature: Date: 1-28-19

Authorized Supervisor's/Manager's Signature: Paul Shubert Date: 1/28/19

Deputy Administrator Regulatory and Planning Services' Signature: Date:

Margot Chappel 1/29/19

DEPARTMENT OF HEALTH & HUMAN SERVICES
REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME
(Approved forms to be retained at Division Administrator's Office)

EMPLOYEE'S NAME: Nathan Orme **CLASS TITLE:** Education and Information Officer

DIVISION: :DPBH **AGENCY/OFFICE:** HCQC **BUDGET ACCT:** 3218

PAY PERIOD NO. 25 **BEGIN DATE:** 05/20/2019 **END DATE:** 06/02/2019

OT TOTAL HOURS	COMP TIME TOTAL HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
8		05/20/2019	Variable*	05/24/2019	Variable*	30	Extra Workload due to Legislative Session
8		05/26/2019	Variable*	05/31/2019	Variable*	30	Extra Workload due to Legislative Session

*Exact times will be variable depending on need during the legislative session

Employee's Signature: _____ Date: 1-28-19

Authorized Supervisor's/Manager's Signature: Paul Shubert Date: 1/28/19

Deputy Administrator Regulatory and Planning Services' Signature: _____ Date: _____

Margot Chappel 1/29/19