STEVE SISOLAK Governor

RICHARD WHUTLEY. M S Director



IIISAN AZZAM Ph.D. M DChief 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 Division of Public and Behavioral Health

Through: Paul Shubert, Bureau Chief, Health Care Quality and Compliance **PS**.

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

January 28, 2019 Page 2

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.

EMPLOYEE'S NAME:		(Approved f	(Approved forms to be retained at Division Administrator's Office)	ed at Divisio	on Admini	strator's Office)
	IAME:	Nathan Orme	0		CLASS TITLE:	CITLE: Education and Information Officer
DIVISION: DPBH		AGENCY/OFFICE:		HCQC		BUDGET ACCT: 3218
PAY PERIOD NO.	0. 17	1	BEGIN DATE:		01/28/2019	19 END DATE: 02/10/2019
OT COMP OT TIME TOTAL TOTAL HOURS HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
∞	01/28/2019	9 Variable*	02/01/2019 Variable*	Variable*	30	30 Extra Workload due to Legislative Session
œ	02/04/2019	9 Variable*	02/08/2018 Variable*	Variable*	30.	30 Extra Workload due to Legislative Session
	-		C II.			
*Exact times will be varia Employee's Signature:	*Exact times will be variable depending Employee's Signature:		on need during the Jegislative session	sion		Date: 1-28-19
thorized Superv	Authorized Supervisor's/Manager's	Signature:	Faul Shu	bert		Date: 1/28/19
puty Administr	itor Regulatory al	nd Planning S	Deputy Administrator Regulatory and Planning Services' Signature:			Date:

6 1-28-19 281 3218 Education and Information Officer 2/24/2019 30 Extra Workload due to Legislative Session 30 Extra Workload due to Legislative Session EXPLANATION BUDGET ACCT: Date: Date: Date: END DATE: **REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME** (Approved forms to be retained at Division Administrator's Office) **DEPARTMENT OF HEALTH & HUMAN SERVICES CLASS TITLE:** 02/11/2019 REASON CODE 02/15/2019 Variable* 02/22/2019 Variable* HCQC TIME *Exact times will be variable depending on need during the legislative session S Deputy Administrator Regulatory and Planning Services' Signature: **BEGIN DATE:** AGENCY/OFFICE: Da DATE ö Nathan Orme Authorized Supervisor's/Manager's Signature: 02/11/2019 Variable* 02/18/2019 Variable* TIME 100 FROM: DATE EMPLOYEE'S NAME: Employee's Signature: PAY PERIOD NO. COMP TIME TOTAL HOURS DIVISION: :DP8H 00 00 HOURS TOTAL Ы

			(Approved f	(Approved forms to be retained at Division Administrator's Office)	ed at Divisi	on Admini	(Approved forms to be retained at Division Administrator's Office)
EMPLOYI	EMPLOYEE'S NAME:		Nathan Orme	a		CLASS TITLE:	IITLE: Education and Information Officer
DIVISION: DPBH	H8dQ::		AGENCY/OFFICE:		HCQC		BUDGET ACCT: 3218
PAY PERIOD NO.	OD NO.	19		BEGIN DATE:		02/25/2019	19 END DATE: 03/10/2019
OT TOTAL HOURS	COMP TIME TOTAL HOURS	FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION
00		02/25/2019 Variable*	Variable*	03/01/2019 Variable*	Variable*	30	30 Extra Workload due to Legislative Session
œ		03/04/2019 Variable*	Variable*	03/08/2019 Variable*	Variable*	30	30 Extra Workload due to Legislative Session
				Co II's			
*Exact times Employee's	*Exact times will be varia Employee's Signature:	ble depending	on need duri	*Exact times will be variable depending on need aurine the legislative session Employee's Signature:	ssion		Date: 1-28-19
Authorized	Supervisor'	Authorized Supervisor's/Manager's S	Signature:	Paul SI	maen	+	Date: 1/28/19
Deputy Adr	ninistrator F	Deputy Administrator Regulatory and	d Planning S	nd Planning Services' Signature:			Date:
		ر	PUNK	pol Clink	wel		albel 1
			2				

1-28-19 200 3218 03/24/2019 Education and Information Officer 30 Extra Workload due to Legislative Session 30 Extra Workload due to Legislative Session EXPLANATION **BUDGET ACCT:** Date: Date: Date: END DATE: **REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME** (Approved forms to be retained at Division Administrator's Office) **DEPARTMENT OF HEALTH & HUMAN SERVICES CLASS TITLE:** 03/11/2019 REASON CODE Paul Shukert 03/15/2019 Variable* 03/22/2019 Variable* HCQC TIME *Exact times will be variable depending on head during the fegislative session Deputy Administrator Regulatory and Planning Services' Signature: **BEGIN DATE:** AGENCY/OFFICE: TO: DATE Nathan Orme Authorized Supervisor's/Manager's Signature: 03/11/2019 Variable* 03/18/2019 Variable* TIME 20 FROM: DATE EMPLOYEE'S NAME: Employee's Signature: PAY PERIOD NO. COMP TIME TOTAL HOURS DIVISION: DPBH 00 00 HOURS TOTAL Б

0 1-28-19 20 3218 04/07/2019 Education and Information Officer 30 Extra Workload due to Legislative Session 30 Extra Workload due to Legislative Session EXPLANATION **BUDGET ACCT:** Date: Date: Date: END DATE: **REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME** (Approved forms to be retained at Division Administrator's Office) DEPARTMENT OF HEALTH & HUMAN SERVICES **CLASS TITLE:** 03/25/2019 REASON CODE * Shuber 03/29/2019 Variable* 04/05/2019 Variable* HCQC TIME *Exact times will be variable depending on need during the legislative session Deputy Administrator Regulatory and Planning Services' Signature: **BEGIN DATE:** Ca Ja AGENCY/OFFICE: TO: DATE Nathan Orme Authorized Supervisor's/Manager's Signature: 03/25/2019 Variable* 04/01/2019 Variable* TIME 27 FROM: DATE EMPLOYEE'S NAME: Employee's Signature: PAY PERIOD NO. TIME TOTAL HOURS COMP DIVISION: :DPBH 8 8 HOURS TOTAL Ы

1-28-19 120 3218 04/21/2019 Education and Information Officer 30 Extra Workload due to Legislative Session 30 Extra Workload due to Legislative Session EXPLANATION BUDGET ACCT: Date: Date: Date: END DATE: **REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME** (Approved forms to be retained at Division Administrator's Office) **DEPARTMENT OF HEALTH & HUMAN SERVICES CLASS TITLE:** 04/08/2019 REASON CODE Paul Shulent 04/12/2019 Variable* 04/19/2019 Variable* HCQC TIME *Exact times will be variable depending on peed outing the legislative session Deputy Administrator Regulatory and Planning Services' Signature: **BEGIN DATE:** AGENCY/OFFICE: DATE ö Nathan Orme Authorized Supervisor's/Manager's Signature: 04/08/2019 Variable* 04/15/2019 Variable* TIME 22 FROM: DATE EMPLOYEE'S NAME: Employee's Signature: PAY PERIOD NO. TOTAL COMP DIVISION: DPBH 80 00 HOURS TOTAL Б

EMPLOYEE'S NAME: DIVISION: DPBH PAY PERIOD NO.			Approved f	(Approved forms to be retained at Division Administrator's Office)	ed at Divisi	on Administ	ator's Office)	
DIVISION: :DPB PAY PERIOD 1	NAME:		Nathan Orme	40		CLASS TITLE:	TLE: Education and Information Officer	cer
PAY PERIOD 1	H		AGENCY/OFFICE:		HCQC		BUDGET ACCT: 3	3218
	٩ ٩	23		BEGIN DATE:		04/22/2019	END DATE: 05/05/2019	019
OT COMP OT TIME TOTAL TOTAL HOURS HOURS		FROM: DATE	TIME	TO: DATE	TIME	* REASON CODE	EXPLANATION	
8	Õ	04/22/2019	Variable*	04/26/2019 Variable*	Variable*	30 E	30 Extra Workload due to Legislative Session	
80	ò	04/29/2019	Variable*	05/03/2019 Variable*	Variable*	30 E	30 Extra Workload due to Legislative Session	
				. ~ //				
*Exact times will be varia Employee's Signature:	e variable ature:	depending	on need duri	*Exact times will be variable depending on need during the legislative session Employee's Signature:	sion		Date: 1-28-19	- 19
Authorized Supervisor's/Manager's	rvisor's/N	lanager's S	Signature:	Part S	huber	+	Date: 1/7	61/82
Deputy Administ	rator Reg	ulatory and	l Planning So	Deputy Administrator Regulatory and Planning Services' Signature:			Date:	
				Mach	bella	appel		9/6

5 1-28-19 3218 05/19/2019 Education and Information Officer 28 30 Extra Workload due to Legislative Session 30 Extra Workload due to Legislative Session EXPLANATION BUDGET ACCT: Date: Date: Date: END DATE: **REQUEST TO ACCRUE OVERTIME OR COMPENSATORY TIME** (Approved forms to be retained at Division Administrator's Office) DEPARTMENT OF HEALTH & HUMAN SERVICES **CLASS TITLE:** 05/06/2019 REASON CODE Paul Shubert 05/10/2019 Variable* 05/17/2019 Variable* HCQC TIME *Exact times will be variable depending on need during the legislative session Deputy Administrator Regulatory and Planning Services' Signature: **BEGIN DATE:** AGENCY/OFFICE: TO: DATE Nathan Orme Authorized Supervisor's/Manager's Signature: 05/06/2019 Variable* 05/13/2019 Variable* TIME 24 FROM: DATE EMPLOYEE'S NAME: Employee's Signature: PAY PERIOD NO. TIME TOTAL HOURS COMP DIVISION: :DPBH 00 00 HOURS TOTAL 5

DEPARTMENT OF HEALTH & HUMAN SERVICES REQUEST TO ACCRUE OVERTIME OR CONTENSATORY TIME (Approved forms to be retained at Division Administrator's Office) EMPLOYEE'S NAME: MATE OTE CLASS TITLE: Education and Information Officer DIVISION::DPH CLASS TITLE: Education and Information Officer DIVISION::DPH MATE: Mathematication of the end of	reat	Deputy Administrator Regulatory and Planning Services' Signature:
--	------	---