

**STATE OF NEVADA
DIFFERENTIAL PAY FOR ACTIVE MILITARY DUTY
POLICY AND PROCEDURE**

NRS 284.358 Civil leave with reduced pay when performing active military service in time of war or emergency.

1. An officer or employee in the public service who performs active military service in the Armed Forces of the United States or any other category of persons designated by the President of the United States or the Governor of this State, including, without limitation, the Commissioned Corps of the United States Public Health Service, in time of war or emergency is entitled to civil leave with reduced pay for the period of such service.

2. The pay that an officer or employee is entitled to receive pursuant to this section is the difference between the pay that the officer or employee would have otherwise received as an officer or employee and the officer's or employee's pay for active military service. If the officer's or employee's pay for active military service is greater than the pay that the officer or employee would have otherwise received as an officer or employee, the officer or employee is not entitled to receive any additional pay pursuant to this section while the officer or employee performs active military service.

3. As used in this section, "pay for active military service" means the base pay that a person receives for active military service as determined by the rank or grade of the person. The term does not include any other type of pay that a person may be entitled to receive for active military service, including, without limitation, imminent danger pay or family separation allowance.

(Added to NRS by 2005, 2449)

Procedure:

If you are required to perform active military duty while employed by the State of Nevada, you will need to comply with the following in order to receive the difference between your gross State pay (including base pay, special adjustments to salary provided by NAC 284.206, and shift differential pay) and your pay for active military service:

1. Provide a copy of your military orders to your supervisor or to your agency personnel office as soon as you receive them. (Please do not provide security sensitive information that is confidential.)
2. Complete Contact and Disbursement Information Form (ML-2).
3. Provide your agency pay clerk with a copy of your end of month military leave and earnings statement (LES) with a completed Military Leave and Earnings Submittal form (ML-3). Wage differential payments will be made after your monthly LES and completed ML-3 is received.
4. You are responsible for notifying the State of Nevada if your permanent address changes, duty station address changes, and/or directions for disbursement of differential pay changes by completing a ML-3 form. A new Authorization Agreement for Direct Deposit of Net Wages will need to be completed if you wish to start, stop or change direct deposit of your differential pay.
5. Upon your discharge, you are responsible for providing evidence of completion of your active service to your agency personnel office.

I, _____ hereby certify that I have read and understand the State's policy
(print employee name)
regarding Differential Pay for Active Military Duty.

employee signature

date

original –Division of Human Resource Management, Central Records - copy - agency, employee personnel file, employee

**STATE OF NEVADA
DIFFERENTIAL PAY FOR ACTIVE MILITARY DUTY
CONTACT AND DISBURSEMENT INFORMATION FORM**

Contact Information

Employee name:
Permanent mailing address:
Telephone number:
Name of contact at this address:

Duty station address:

Telephone number:

Directions for Disbursement of Differential Pay

- I wish to have my differential pay direct deposited to the account in which my current wages are direct deposited.
- I have completed a new Authorization Agreement For Direct Deposit of Net Wages.
- I wish to have my differential pay sent to the following address:

Street address: _____

City, State, Zip: _____

employee signature

date

original –Division of Human Resource Management, Central Payroll
copy - agency, pay clerk, employee

TO: _____
Contact Person Name, Agency Name

FROM: _____
Employee Name

DATE: _____

SUBJECT: **MILITARY LEAVE AND EARNINGS STATEMENT SUBMITTAL**

Enclosed is a copy of my military leave and earnings statement for the month of _____.

I have noted below any changes to my permanent address, duty station address, and/or directions for the disbursement of my differential pay *:

signature
employee or other responsible person**

date

* Changes to direct deposit require a completed Authorization Agreement for Direct Deposit of Net Wages.
** If other than the employee, please provide copy of power of attorney or other consent document.

original - agency pay clerk