

**2015 Contribution Rate Change Certification**

Agency Name: **State Board of Dental Examiners**  
 Agency Number: **164**  
 Contribution Report Affected By New Rate: **July-15**  
 Employer-Pay Factor For "In Lieu Of" **1.144808**  
 Employer-Pay Factor For "Salary Reduction" **1.144953**

**INSTRUCTIONS**

NRS 286.421(3) requires each employee to cost share 50% in the contribution rate, including contribution rate increases, through one of two methods: (1) in lieu of equivalent basic salary increases or cost of living increases; or (2) by reduction of salary.

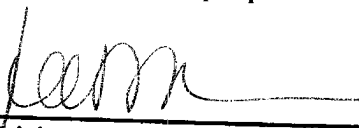
- A. In the box below, place an "L" in the space next to each employee group that paid the employee portion of the contribution rate increase "In Lieu Of" a promised pay increase effective July 1, 2015. If this method is selected, you must increase your Employee/Employer compensation schedule using the following calculation:

*Current Employee/Employer Wage = \$3,000.00 X 1.01125 (One half of the increase in the Employer-Paid Rate) = \$3,033.75 (Adjusted Employee/Employer Wage)*

- B. In the box below, place an "R" in the space next to each employee group that paid the employee portion of the contribution rate increase by a salary reduction effective July 1, 2015.

<u>Employee Group*</u>	<u>Indicate "L" or "R"</u>
1. Debra Snaffer	L
2. Candace Stratton	L
3. Rigoberto Morales	L
4. Sandra Sp. Isbury	L
5. Angelica Bejar	L
6.	

\*Employee Group represents Regular & Police/Fire Members

  
 Liaison Officer Signature

07/06/2015  
 Date

**RECEIVED**

JUL 06 2015

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