

**NEVADA SYSTEM OF HIGHER EDUCATION
PROCEDURES AND GUIDELINES MANUAL**

FORMS APPENDIX

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Honorary Degree Nomination Form

1. Degree to be Awarded:

___ Honorary Doctorate ___ Honorary Baccalaureate ___ Honorary Associate

2. Please state the name and address of your nominee for an Honorary Degree.

3. Honorary degrees shall be awarded to persons who have made significant contributions to the improvement of the quality of academic programs and academic life at one of the NSHE's institutions. Persons currently holding public elected office are not eligible for the degree except in extraordinary circumstances.

What are your reasons for nominating this person? (Attach additional pages, if necessary.)

President

Date

Institution

(B/R 3/03; Added 6/05)

Building Plaque Sample

Letter Size

Name	(NAME OF BUILDING)	2"
Institution	(INSTITUTION)	2"
	20xx	2"
Message	THIS FACILITY MADE POSSIBLE THROUGH THE GENEROSITY OF _____	3/4" 3/4"
	BOARD OF REGENTS 20xx-xx	1"
	Name of Regent Name of Regent	1"
	Name of Regent Name of Regent	1"
	Name of Regent Name of Regent	1"
	Name of Regent Name of Regent	1"
	Name of Regent Name of Regent	1"
	Name of Regent	1"
Chancellor(s)	_____ - CHANCELLOR	1"
President(s)	_____ - PRESIDENT	1"
SPWB	NEVADA STATE PUBLIC WORKS BOARD	3/4"
Design Consultant	(ARCHITECTS)	3/4"
Governor(s)	_____ Governor, State of Nevada	

(B/R 6/85; Added 6/05)

NSHE System Office Cellular Phone / PDA / Data Plan Allowance Request Form

Revised: 5/2017

SECTION 1: Employee Information	
Employee Full Name:	Current Cell Phone #
Department Name:	Supervisor:
SECTION 2: Allowance Request	
Monthly Allowance (Check only one box unless two plans approved by a supervisor)	
<input type="checkbox"/> Voice and Data Allowance for Cellular or PDA Service (average usage)	\$20.00
SECTION 3: Justification (check all that apply)	
<input type="checkbox"/> Job function requires considerable time outside of assigned office or work area and it is essential to the System that the employee be accessible during those times.	
<input type="checkbox"/> Job function requires continuous accessibility beyond scheduled or normal working hours (i.e., on-call responsibilities for critical System services).	
<input type="checkbox"/> Job function requires access to e-mail outside of the office or beyond normal scheduled working hours and it is essential for the System that the employee has the ability to receive and send email during those times.	
<input type="checkbox"/> Job function requires access to the internet outside of the office or beyond normal scheduled working hours and it is essential for the System that the employee has the ability to access the internet during those times.	
SECTION 4: Alternative Request for NSHE Paid Phone	
<input type="checkbox"/> My position requires the frequent and continuing use of a cell phone/PDA on a daily basis during and after hours. I understand that I may not use an NSHE phone for personal purposes and that the phone records may be audited for compliance with this policy.	
SECTION 5: Required Approvals	
Department: _____	
Department Account number to pay allowance from: _____	
Supervisor Approval/Signature: _____	
Date: _____	
Vice Chancellor Approval/Signature: _____	
Date: _____	