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

Name  (NAME OF BUILDING)  2"
Institution  (INSTITUTION)  2"

Message  THIS FACILITY MADE POSSIBLE THROUGH THE GENEROSITY OF  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)
**SECTION 1: Employee Information**

<table>
<thead>
<tr>
<th>Employee Full Name:</th>
<th>Current Cell Phone #</th>
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<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Supervisor:</th>
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**SECTION 2: Allowance Request**

**Monthly Allowance (Check only one box unless two plans approved by a supervisor)**

- $20.00

**SECTION 3: Justification (check all that apply)**

- 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.
- Job function requires continuous accessibility beyond scheduled or normal working hours (i.e., on-call responsibilities for critical System services).
- 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.
- 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**

- 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**

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<th>Department:</th>
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<th>Department Account number to pay allowance from:</th>
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<th>Supervisor Approval/Signature:</th>
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<th>Vice Chancellor Approval/Signature:</th>
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A. 6/17