Honorary Degree Nomination Form ................................................................. 2
Building Plaque Sample .................................................................................. 3
NSHE System Office Cellular Phone / PDA / Data Plan Allowance Request Form ................. 4
Honorary Degree Nomination Form

1. Degree to be Awarded:
   ___ Honorary Doctorate       ___ Honorary Masters
   ___ 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; A. 3/24)
Building Plaque Sample

____________________________________________________________

Name      (NAME OF BUILDING)  2"
Institution   (INSTITUTION)  2"
20xx  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       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       (ARCHITECTS)  3/4"
Consultant

Governor(s)   ______________________________________
Governor, State of Nevada

__________________________________________________

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

☐ Voice and Data Allowance for Cellular or PDA Service (average usage) $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

Department: ____________________________

Department Account number to pay allowance from: ____________________________

Supervisor Approval/Signature: ____________________________

Date: ____________________________

Vice Chancellor Approval/Signature: ____________________________

Date: ____________________________