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| Confidential Personnel Document  Western Nevada College  System Administration  Request for Approval for  Compensated Outside Professional Work |
| Name: |
| WNC Department OR  Unit and Phone #: |
| Describe the nature of compensated outside professional work to be performed: |
| Company/Organization for which this work will be performed: |
| Duration of work (mm/dd/yy through mm/dd/yy): |
| Describe the personal commitments required for this work: (per week, per month) |
| Describe any significant WNC resources to be used for this work (See Title 4, Chapter 1, Section 22.2.d and Title 4, Chapter 1, Section 25): |
| If using significant WNC resources, what is your plan to reimburse the cost of these resources? |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Immediate Supervisor  Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  President/Vice President  Return completed form to Human Resources.  CompensationforOutsideProWork 07-08 |