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| Confidential Personnel DocumentWestern Nevada CollegeSystem AdministrationRequest for Approval forCompensated Outside Professional Work |
| Name:       |
| WNC Department ORUnit 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 SupervisorApproved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President/Vice PresidentReturn completed form to Human Resources.CompensationforOutsideProWork 07-08 |