

**INSTRUCTIONS FOR
EXTRA-CONTRACTUAL/SUPPLEMENTARY COMPENSATION REQUEST FORM**

[The following content is heavily obscured by horizontal black bars and is largely illegible. It appears to be a form with multiple sections and fields.]

[Section 1: Header information, possibly including employee name and ID.]

[Section 2: Request details, possibly including dates and amounts.]

[Section 3: Justification or description of the request.]

[Section 4: Approval fields, possibly for supervisor and HR.]

[Section 5: Footer or administrative information.]

University of Nevada, Las Vegas
Request for Extra Compensation/Supplementary Compensation

This form must accompany the appropriate employment document.

- | | |
|--|--|
| 1. Name: | Dept./Unit: |
| 2. Rank/ Position: | Contract Type: <input type="checkbox"/> A <input type="checkbox"/> B |
| 3. Purpose for which this extra-compensation is requested: | |
| 4. Total amount of compensation requested: \$ | |

WORKSHEET ON PAGE 2 MUST BE COMPLETED AND SUBMITTED WITH THIS FORM