



Mary-Ann Winkelmes <mary-ann.winkelmes@unlv.edu>

IRBNet message from Christa Esparza

Christa Esparza <no-reply@irbnet.org>

Tue, Dec 15, 2015 at 8:06 AM

Reply-To: Christa Esparza <christa.esparza@unlv.edu>

To: Mary-Ann Winkelmes <mary-ann.winkelmes@unlv.edu>

Message from Christa Esparza:

Re: [711238-3] Transparency in Learning and Teaching Initiative

Dr. Winkelmes,

Thank you for your submission regarding the referenced project. The information has been reviewed and no further information is needed. You may continue with the research with the changes listed in this request. For future changes to this protocol, please send a quick project mail to our office. We will review these changes for a change in review type. If the research remains exempt, we will reply to your IRBNet message letting you know no further information is needed.

Please let me know if you have any questions.

Thank you,

Christa Esparza
Human Research Coordinator

UNLV

Modification Request Form

Instructions:

1. Complete all sections of this form.
2. Submit all previously submitted documents that contain information affected by the modification(s).

Note:

1. Handwritten and hand delivered forms **will not** be accepted.
2. INCOMPLETE FORMS WILL BE RETURNED.
3. Modification may not be implemented until you have received notification of IRB approval.
4. For your records, it is important that you keep a copy of this completed form.

General Information

Submittal Date: 12/04/2015

Principal Investigator Name: Mary-Ann Winkelmes

Protocol Title: Transparency in Teaching and Learning in Higher Education Project

Protocol Number: 711238-2

Last Approval Date: October 2015

Prior Approval: ☐ Expedited Review ☐ Full Board Review ☒ Exempt

Description of Modification

Type of Modification (check all that apply):

☐ Currently approved procedure

☐ Informed Consent

☐ Number of subjects

☐ Survey/Questionnaire

☒ Research Team**

☐ Other (e.g., advertisement, flyer, etc.)

☐ Title

Modification Summary

Briefly describe the modification.

adding three new project team members

****Note:** Addition of research team must include name(s) and role(s). Change in PI must be submitted and signed by the original PI on the protocol. Include the reason for the change in the modification summary.

Reanalysis of Risk (check one)

☒ This modification **does not** increase risk to participants enrolled in this study.

☐ This modification **does** increase risk to participants enrolled in this study.

Signatures of Assurance

A. Investigator's Assurance:

I certify that the information provided in this application is complete and accurate. As Principal Investigator, I have ultimate responsibility for the conduct of this study, the ethical performance of the project, the protection of the rights and welfare of human subjects and strict adherence to any stipulations designated by the IRB. I agree to comply with all UNLV policies and procedures, as

well as with all applicable Federal, State and local laws regarding the protection of human subjects in research including, but not limited to the following:

- Performing the project by qualified personnel according to the approved protocol.
- Not changing the approved protocol or consent form without prior IRB approval (except in an emergency, if necessary, to safeguard the well-being of human subjects).
- Obtaining proper informed consent from human subjects or their legally responsible representative, using only the currently approved, stamped consent form.
- Promptly reporting adverse events to the ORI – Human Subjects in writing according to IRB guidelines.
- Arranging for a co-investigator to assume direct responsibility, if the PI will be unavailable to direct this research personally, as when on sabbatical leave or vacation.

*****FACULTY ADVISOR (IF APPLICABLE):** By my signature as Principal Investigator on this research application, I certify that the student/fellow investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accordance with the approved protocol. In addition:

- I agree to act as the liaison between the IRB and the student/fellow investigator with all written and verbal communications.
- I agree to meet with the student/fellow investigator on a regular basis to monitor the progress of the study.
- I agree to be available and to personally supervise the student/fellow investigator in solving problems, as they arise.
- I assure that the student/fellow investigator will promptly report adverse events to the ORI – Human Subjects according to IRB guidelines.
- I will arrange for an alternate faculty advisor to assume responsibility if I become unavailable, as when on sabbatical leave or vacation.
- I assure that the student/fellow investigator will follow through with the storage and destruction of data as outlined in the protocol.

By submitting this form electronically, I agree to the assurance as stated above.



Additional Research Team Members Form

Instructions:

1. Complete all sections of this form.
2. INCOMPLETE FORMS WILL BE RETURNED.

1. General Information

Research Protocol Title: Transparency in Teaching and Learning in Higher Education Project

Principal Investigator: Mary-Ann Winkelmes

2. Research Team Members: *List all research team members (including PI) who will have contact with subjects, have contact with subjects' data or biological samples, or use subjects' personal information.*

NAME and DEPARTMENT	ROLE IN PROTOCOL	SPECIFIC EXPERIENCE WITH ROLE IN PROTOCOL	ROLE IN CONSENT PROCESS
EXAMPLE: Dr. Chris Researcher, Research Department	EXAMPLE: Developed protocol, collecting data, analyzing data, writing report	EXAMPLE: Has had previous research studies with human subjects	EXAMPLE: Recruiting subjects, writing the consent form, consenting subjects, answering questions
Robin Mendoza, GA, SEPA, College of Urban Affairs	analyzing data, preparing database, programming for analyses preparing instructor reports	has existing CITI certification and prior experience in research with human subjects	none
Jeremy Aguero, Volunteer Researcher	preparing and maintaining database, programming for analyses	UNLV alumnus with CITI certification and Volunteer Researcher Agreement (attached), prior experience in research with human subjects	none
Michelle Boghossian	preparing database wirefram, programming for analyses	CITI Certification and Volunteer Researcher Agreement are attached	

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Jeremy Aguero (ID: 5250264)
- **Email:** JAguro@appliedanalysis.com
- **Institution Affiliation:** University of Nevada, Las Vegas (ID: 418)
- **Institution Unit:** Honors
- **Phone:** 702.967.3333

- **Curriculum Group:** Human Research
- **Course Learner Group:** Group 2. Social/Behavioral IRB
- **Stage:** Stage 1 - Basic Course
- **Description:** If you have any questions regarding your requirements you may contact the UNLV OPRS by phone at 702.895.2794 or by email at OPRSHumanSubjects@unlv.edu

- **Report ID:** 18104587
- **Completion Date:** 12/13/2015
- **Expiration Date:** 12/11/2020
- **Minimum Passing:** 75
- **Reported Score*:** 87

REQUIRED AND ELECTIVE MODULES ONLY

DATE COMPLETED

Belmont Report and CITI Course Introduction (ID: 1127)	12/10/15
History and Ethical Principles - SBE (ID: 490)	12/10/15
Defining Research with Human Subjects - SBE (ID: 491)	12/12/15
The Federal Regulations - SBE (ID: 502)	12/12/15
Assessing Risk - SBE (ID: 503)	12/12/15
Informed Consent - SBE (ID: 504)	12/12/15
Privacy and Confidentiality - SBE (ID: 505)	12/12/15
Research with Prisoners - SBE (ID: 506)	12/12/15
Research with Children - SBE (ID: 507)	12/12/15
Research in Public Elementary and Secondary Schools - SBE (ID: 508)	12/13/15
International Research - SBE (ID: 509)	12/13/15
Internet-Based Research - SBE (ID: 510)	12/13/15
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	12/13/15
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	12/13/15
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	12/13/15
UNLV (ID: 697)	12/13/15

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program

Email: citisupport@miami.edu

Phone: 305-243-7970

Web: <https://www.citiprogram.org>

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK TRANSCRIPT REPORT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

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REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES

MOST RECENT

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COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Michelle Boghossian (ID: 5251418)
- **Email:** mboghossian@appliedanalysis.com
- **Institution Affiliation:** University of Nevada, Las Vegas (ID: 418)
- **Institution Unit:** Urban Affairs
- **Phone:** 7029673333

- **Curriculum Group:** Human Research
- **Course Learner Group:** Group 2. Social/Behavioral IRB
- **Stage:** Stage 1 - Basic Course
- **Description:** If you have any questions regarding your requirements you may contact the UNLV OPRS by phone at 702.895.2794 or by email at OPRSHumanSubjects@unlv.edu

- **Report ID:** 18109590
- **Completion Date:** 12/13/2015
- **Expiration Date:** 12/11/2020
- **Minimum Passing:** 75
- **Reported Score*:** 91

REQUIRED AND ELECTIVE MODULES ONLY

DATE COMPLETED

Belmont Report and CITI Course Introduction (ID: 1127)	12/12/15
History and Ethical Principles - SBE (ID: 490)	12/12/15
Defining Research with Human Subjects - SBE (ID: 491)	12/12/15
The Federal Regulations - SBE (ID: 502)	12/12/15
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Informed Consent - SBE (ID: 504)	12/12/15
Privacy and Confidentiality - SBE (ID: 505)	12/13/15
Research with Prisoners - SBE (ID: 506)	12/13/15
Research with Children - SBE (ID: 507)	12/13/15
Research in Public Elementary and Secondary Schools - SBE (ID: 508)	12/13/15
International Research - SBE (ID: 509)	12/13/15
Internet-Based Research - SBE (ID: 510)	12/13/15
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	12/13/15
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	12/13/15
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	12/13/15
UNLV (ID: 697)	12/13/15

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COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK TRANSCRIPT REPORT**

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- **Name:** Michelle Boghossian (ID: 5251418)
- **Email:** mboghossian@appliedanalysis.com
- **Institution Affiliation:** University of Nevada, Las Vegas (ID: 418)
- **Institution Unit:** Urban Affairs
- **Phone:** 7029673333

- **Curriculum Group:** Human Research
- **Course Learner Group:** Group 2. Social/Behavioral IRB
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- **Report ID:** 18109590
- **Report Date:** 12/13/2015
- **Current Score**:** 91

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES

MOST RECENT

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Defining Research with Human Subjects - SBE (ID: 491)	12/12/15
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- **Name:** Robin Mendoza (ID: 5244976)
- **Email:** mendoz27@unlv.nevada.edu
- **Institution Affiliation:** University of Nevada, Las Vegas (ID: 418)
- **Institution Unit:** School of Environmental and Public Affairs (SEPA)
- **Phone:** 7027712896

- **Curriculum Group:** Human Research
- **Course Learner Group:** Group 2. Social/Behavioral IRB
- **Stage:** Stage 1 - Basic Course
- **Description:** If you have any questions regarding your requirements you may contact the UNLV OPRS by phone at 702.895.2794 or by email at OPRSHumanSubjects@unlv.edu

- **Report ID:** 18078156
- **Completion Date:** 12/07/2015
- **Expiration Date:** 12/05/2020
- **Minimum Passing:** 75
- **Reported Score*:** 100

REQUIRED AND ELECTIVE MODULES ONLY

DATE COMPLETED

Belmont Report and CITI Course Introduction (ID: 1127)	12/06/15
History and Ethical Principles - SBE (ID: 490)	12/06/15
Defining Research with Human Subjects - SBE (ID: 491)	12/07/15
The Federal Regulations - SBE (ID: 502)	12/07/15
Assessing Risk - SBE (ID: 503)	12/07/15
Informed Consent - SBE (ID: 504)	12/07/15
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Internet-Based Research - SBE (ID: 510)	12/07/15
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Conflicts of Interest in Research Involving Human Subjects (ID: 488)	12/07/15
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	12/07/15
UNLV (ID: 697)	12/07/15

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COURSEWORK TRANSCRIPT REPORT**

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- **Institution Unit:** School of Environmental and Public Affairs (SEPA)
- **Phone:** 7027712896

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- **Report ID:** 18078156
- **Report Date:** 12/07/2015
- **Current Score**:** 100

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VOLUNTEER AGREEMENT
FOR INDIVIDUAL INVESTIGATORS

SECTION I – VOLUNTEER INFORMATION

Name: Michelle Sonin Baghossian
Address: 713 East Sahara Ave, Apt #523
Phone No. (818) 434-5024 Social Security No.: 615-42-3349
Date of Birth: 07/04/82 Driver's License #: 2105162618 (NV)
Name of Institution with Federalwide Assurance (FWA): University of Nevada, Las Vegas
Applicable FWA #: 0002305

In case of emergency, please contact:

<u>Cheryl Felty</u>	<u>Mom</u>	<u>(918) 640-8103</u>
Name	Relationship	Phone Number

SECTION II – TERMS

COMPLIANCE: As a volunteer, I agree to abide by all applicable rules and regulation of the Nevada System of Higher Education (NSHE) and guidelines of this department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may terminate this Agreement at any time without prior notice.

I acknowledge that I have reviewed: 1) *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (or other internationally recognized equivalent; see section B.1. of the Terms of the Federalwide Assurance (FWA) for International (Non-U.S.) Institutions); 2) the U.S. Department of Health and Human Services (HHS) regulations for the protection of human subjects at 45 CFR part 46 (or other procedural standards; see section B.3. of the Terms of the FWA for International (Non-U.S.) Institutions); 3) the FWA and applicable Terms of the FWA for the institution referenced above; and 4) the relevant institutional policies and procedures for the protection of human subjects, including the UNLV Research Misconduct Policy and the Conflict of Interest/Compensated Outside Services Policy.

I understand and hereby accept the responsibility to comply with the standards and requirements stipulated in the above documents and to protect the rights and welfare of human subjects involved in research conducted under this Agreement.

I will comply with all other applicable federal, international, state, and local laws, regulations, and policies that may provide additional protection for human subjects participating in research conducted under this Agreement.

I will abide by all determinations of the Institutional Review Board (IRB) designated under the above FWA and will accept the final authority and decisions of the IRB, including but not limited to directives to terminate participation in designated research activities.

I will complete any educational training required by UNLV and/or the IRB prior to initiating research covered under this Agreement, including the Collaborative Institutional Training

Initiative (CITI) Program and, if applicable, the CITI Public Access Course in Responsible Conduct of Research (RCR) Program.

I will report promptly to the IRB any proposed changes in the research conducted under this Agreement. I will not initiate changes in the research without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to subjects.

I will report immediately to the IRB any unanticipated problems involving risks to subjects or others in research covered under this Agreement.

When responsible for enrolling subjects, I will obtain, document, and maintain records of informed consent for each such subject or each subject's legally authorized representative as required under HHS regulations at 45 CFR part 46 (or any other international or national procedural standards selected on the FWA for the institution referenced above) and stipulated by the IRB.

I acknowledge and agree to cooperate in the IRB's responsibility for initial and continuing review, record keeping, reporting, and certification for the research referenced above. I will provide all information requested by the IRB in a timely fashion.

I will not enroll subjects in research under this Agreement prior to its review and approval by the IRB.

Emergency medical care may be delivered without IRB review and approval to the extent permitted under applicable federal regulations and state law.

I understand this Agreement does not preclude me from taking part in research not covered by this Agreement.

I acknowledge that I am primarily responsible for safeguarding the rights and welfare of each research subject, and that the subject's rights and welfare must take precedence over the goals and requirements of the research.

INDEMNIFICATION: To the fullest extent permitted by law, the NSHE shall indemnify, hold harmless and defend the volunteer, as if as an employee of the NSHE within the scope and meaning of NRS 41.0339, from and against all liability, claims, actions, damages, losses, and expenses, including, but not limited to, attorneys' fees and costs, arising out of the performance of the services set forth in the "Description of Volunteer Duties" statement contained within this document if the act or omission on which such liability, claims, actions, damages, losses, and expenses are based appears to be within the course and scope of the public duty assumed by the volunteer, appears to have been performed or omitted in good faith, was done under the control and direct supervision of the NSHE in the furtherance of the NSHE's business.

WORKERS' COMPENSATION INSURANCE: Volunteers shall receive worker's compensation coverage in accordance with NRS 616A.130 while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement.

STATE OWNERSHIP OF PROPRIETARY INFORMATION: Any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code, or any other documents and drawings, prepared or in the course of preparation by the volunteer while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement shall be the exclusive property of the NSHE and all such materials shall be remitted to NSHE by the volunteer upon completion, termination, or cancellation of service. A volunteer shall not use, willingly allow, or cause to have such materials used for any purpose other than performance of the volunteer's service under this agreement without prior written consent of NSHE.

CONFIDENTIALITY: A volunteer shall keep all information confidential, in whatever form, produced, prepared, observed or received by the volunteer to the extent that such information is confidential by law.

X I have read a copy of the volunteer assignment description form and I ascertain that I am physically able to complete the tasks listed.
_____ I have read a copy of the volunteer assignment description form and I request the following accommodation(s) to complete these tasks: _____

Volunteer's Signature: M. Bohan
Date: 10 December 2015

SECTION III – TO BE COMPLETED BY THE SUPERVISOR/DEPARTMENT VOLUNTEER CONTACT

Department where the volunteer will work: _____

Department Account number: _____

Supervisor responsible for volunteer's work: _____

Name and Title _____

Supervisor's Phone #: _____

Work will begin on: _____ and end on: _____

Supervisor's Signature: _____ Date: _____

*** Please attach a copy of the Volunteer Assignment Description form prior to submitting this form to the appropriate Human Resources Office.**

(07/20/10)

VOLUNTEER AGREEMENT
FOR INDIVIDUAL INVESTIGATORS

SECTION I – VOLUNTEER INFORMATION

Name: Jeremy Agüero
Address: 2862 Anaheim Ave, Hda NV 89074
Phone No. (702) 604-7353 Social Security No.: _____
Date of Birth: 4/6/1974 Driver's License #: _____
Name of Institution with Federalwide Assurance (FWA): University of Nevada, Las Vegas
Applicable FWA #: 0002305

In case of emergency, please contact:

<u>Melissa Agüero</u>	<u>wife</u>	<u>(702) 326-4103</u>
Name	Relationship	Phone Number

SECTION II – TERMS

COMPLIANCE: As a volunteer, I agree to abide by all applicable rules and regulation of the Nevada System of Higher Education (NSHE) and guidelines of this department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may terminate this Agreement at any time without prior notice.

I acknowledge that I have reviewed: 1) *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (or other internationally recognized equivalent; see section B.1. of the Terms of the Federalwide Assurance (FWA) for International (Non-U.S.) Institutions); 2) the U.S. Department of Health and Human Services (HHS) regulations for the protection of human subjects at 45 CFR part 46 (or other procedural standards; see section B.3. of the Terms of the FWA for International (Non-U.S.) Institutions); 3) the FWA and applicable Terms of the FWA for the institution referenced above; and 4) the relevant institutional policies and procedures for the protection of human subjects, including the UNLV Research Misconduct Policy and the Conflict of Interest/Compensated Outside Services Policy.

I understand and hereby accept the responsibility to comply with the standards and requirements stipulated in the above documents and to protect the rights and welfare of human subjects involved in research conducted under this Agreement.

I will comply with all other applicable federal, international, state, and local laws, regulations, and policies that may provide additional protection for human subjects participating in research conducted under this Agreement.

I will abide by all determinations of the Institutional Review Board (IRB) designated under the above FWA and will accept the final authority and decisions of the IRB, including but not limited to directives to terminate participation in designated research activities.

I will complete any educational training required by UNLV and/or the IRB prior to initiating research covered under this Agreement, including the Collaborative Institutional Training

Initiative (CITI) Program and, if applicable, the CITI Public Access Course in Responsible Conduct of Research (RCR) Program.

I will report promptly to the IRB any proposed changes in the research conducted under this Agreement. I will not initiate changes in the research without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to subjects.

I will report immediately to the IRB any unanticipated problems involving risks to subjects or others in research covered under this Agreement.

When responsible for enrolling subjects, I will obtain, document, and maintain records of informed consent for each such subject or each subject's legally authorized representative as required under HHS regulations at 45 CFR part 46 (or any other international or national procedural standards selected on the FWA for the institution referenced above) and stipulated by the IRB.

I acknowledge and agree to cooperate in the IRB's responsibility for initial and continuing review, record keeping, reporting, and certification for the research referenced above. I will provide all information requested by the IRB in a timely fashion.

I will not enroll subjects in research under this Agreement prior to its review and approval by the IRB.

Emergency medical care may be delivered without IRB review and approval to the extent permitted under applicable federal regulations and state law.

I understand this Agreement does not preclude me from taking part in research not covered by this Agreement.

I acknowledge that I am primarily responsible for safeguarding the rights and welfare of each research subject, and that the subject's rights and welfare must take precedence over the goals and requirements of the research.

INDEMNIFICATION: To the fullest extent permitted by law, the NSHE shall indemnify, hold harmless and defend the volunteer, as if as an employee of the NSHE within the scope and meaning of NRS 41.0339, from and against all liability, claims, actions, damages, losses, and expenses, including, but not limited to, attorneys' fees and costs, arising out of the performance of the services set forth in the "Description of Volunteer Duties" statement contained within this document if the act or omission on which such liability, claims, actions, damages, losses, and expenses are based appears to be within the course and scope of the public duty assumed by the volunteer, appears to have been performed or omitted in good faith, was done under the control and direct supervision of the NSHE in the furtherance of the NSHE's business.

WORKERS' COMPENSATION INSURANCE: Volunteers shall receive worker's compensation coverage in accordance with NRS 616A.130 while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement.

STATE OWNERSHIP OF PROPRIETARY INFORMATION: Any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code, or any other documents and drawings, prepared or in the course of preparation by the volunteer while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement shall be the exclusive property of the NSHE and all such materials shall be remitted to NSHE by the volunteer upon completion, termination, or cancellation of service. A volunteer shall not use, willingly allow, or cause to have such materials used for any purpose other than performance of the volunteer's service under this agreement without prior written consent of NSHE.

CONFIDENTIALITY: A volunteer shall keep all information confidential, in whatever form, produced, prepared, observed or received by the volunteer to the extent that such information is confidential by law.

☒ I have read a copy of the volunteer assignment description form and I ascertain that I am physically able to complete the tasks listed.
☐ I have read a copy of the volunteer assignment description form and I request the following accommodation(s) to complete these tasks: _____

Volunteer's Signature: _____

Date: _____

12/2/15 *[Signature]*

SECTION III - TO BE COMPLETED BY THE SUPERVISOR/DEPARTMENT VOLUNTEER CONTACT

Department where the volunteer will work: _____

The School of Environmental & Public Affairs

Department Account number: _____

2101-274-9451

Supervisor responsible for volunteer's work: _____

Christopher Stream

Name and Title _____

Supervisor's Phone #: _____

702 895-5120

Work will begin on: _____

12/5/15

and end on: _____

12/31/16

Supervisor's Signature: _____

[Signature]

Date: _____

12/3/15

*** Please attach a copy of the Volunteer Assignment Description form prior to submitting this form to the appropriate Human Resources Office.**

(07/20/10)