**UP-8P: REQUEST FOR APPROVAL OF EXTRA SERVICE/OTHER SERVICE**

**(FOR EMPLOYEES AT SUNY PLATTSBURGH ONLY)**

INSTRUCTIONS: This form is to be completed by the employee and submitted to his/her supervisor and Vice President for approval prior to commencing extra service duties.

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| I. TO BE COMPLETED BY EMPLOYEE |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | College | **SUNY College at Plattsburgh** |
| Address  |  | Title |  | SUNY ID # |  | Line # |  |
| Current Salary  | $ | Current Acct # |  | Account # to be charged |  \* |

I request approval to render extra service on a [ ]  Part-time [ ]  Full-time basis to

**SUNY College at Plattsburgh** Department of

at **101 Broad Street, Plattsburgh, NY 12901** for the period  through  for the purpose of .

 (Brief description of work to be performed)

Total compensation for this additional work $. This extra service will not interfere with my normal obligations to the College.

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature of employee)

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| **II. ACTION BY EMPLOYEE’S PRIMARY SUPERVISOR AND VICE PRESIDENT** |

 \_\_\_\_ Approved \_\_\_\_ Disapproved \_\_\_\_ Approved \_\_\_\_ Disapproved

 \_\_\_\_ Approved with the following limitations: \_\_\_\_ Approved with the following limitations:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature of Supervisor) (Date) (Signature of Vice President)

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| **III. ACTION BY SUPERVISOR OF DEPARTMENT PAYING FOR EXTRA SERVICE** |

 \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) \*(Signature Authorizing Use of Account)

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| IV. ACTION BY CHIEF ADMINISTRATIVE OFFICER |

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_ Approved with the following limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature of Chief Administrative Officer)

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| Comments: |       |

 Budget Initials/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HRS Initials/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original to: Payroll and Payroll Audit Unit (OSC) cc: Personnel File Employee

 Extra Service Supervisor Primary Supervisor

 Primary Vice President