**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