

State University of New York
University-Wide Human Resources
Albany, New York 12246

UP-8 Request for Approval of Extra Service for SUNY Professional Service
Unit Employees (NU08)

INSTRUCTIONS: Part I of this form is to be completed by the employee in an original plus two copies, and submitted to the Chief Administrative Officer at the employee's campus for approval prior to commencing extra service. One copy should be forwarded to OSC to implement payment with all records of the transaction being kept at the campus.

I. To Be Completed by Employee

Name _____ Last 4-digits of SSN _____ Campus/Agency _____

Address _____ Title _____

Email Address _____ Current Salary _____

I request approval to render extra service on a part-time full-time basis to: _____ Agency: _____

At: (location of employment) _____ For the period from: _____ Through: _____

Describe purpose of work: _____

Total compensation for this additional work will not exceed: _____

This extra service will not interfere with my normal obligations to the University.

(date) Signature of Requesting Employee

II. Action by Chief Administrative Officer

Approved Disapproved

Approved with the following limitations: _____

(date) Signature Chief Administrative Officer/Designee

Distribution: Payroll Audit Unit (OSC)
 Employee Copy
 Original mailed to Campus/Agency where extra service is being preformed _____ Date