

State of New York
EXTRA SERVICE PAYROLL VOUCHER

Agency: SUNY PURCHASE COLLEGE

Agency Code: 28260

Pay Period #: _____

Name of Employee _____ Social Security: _____ - _____ - _____

Department in which regularly employed _____ Agency Code: _____

Regular Position Title _____ Line # _____

Department Supervisor _____

Current Salary \$ _____ Number of Tax Exemptions Claimed _____

Retirement Registration Num _____ Retirement Rate \$ _____

Department authorizing Extra Service claim:

Begin date ____/____/____

End date ____/____/____

Extra Service Position Title _____

Extra Service Faculty Workload: # of Courses Fall ____ = ____ # of Courses Spring ____ = ____

Supervisor authorizing Extra Service Claim _____

Actual time of starting and finishing work must be shown below

Date	Time Started	Time Finished	Hours Worked	Date	Time Started	Time Finished	Hours Worked
WED ____/____/____	A.M. P.M.	A.M. P.M.		WED ____/____/____	A.M. P.M.	A.M. P.M.	
THU ____/____/____	A.M. P.M.	A.M. P.M.		THU ____/____/____	A.M. P.M.	A.M. P.M.	
FRI ____/____/____	A.M. P.M.	A.M. P.M.		FRI ____/____/____	A.M. P.M.	A.M. P.M.	
SAT ____/____/____	A.M. P.M.	A.M. P.M.		SAT ____/____/____	A.M. P.M.	A.M. P.M.	
SUN ____/____/____	A.M. P.M.	A.M. P.M.		SUN ____/____/____	A.M. P.M.	A.M. P.M.	
MON ____/____/____	A.M. P.M.	A.M. P.M.		MON ____/____/____	A.M. P.M.	A.M. P.M.	
TUE ____/____/____	A.M. P.M.	A.M. P.M.		TUE ____/____/____	A.M. P.M.	A.M. P.M.	

Total Hours Worked : _____

Total Hours Worked : _____

GRAND TOTAL OF HOURS WORKED: _____

THIS SECTION TO BE COMPLETED BY DEPARTMENT		
ENCUMBRANCE SUMMARY		
A. Original Amount Encumbered for Employee		\$
B. Increase Encumbrance : _____ Date : ____/____/____		\$
C. Amount Paid Employee to Date		\$
D. Encumbrance Balance ((A + B) - C)		\$
E. Total Paid Employee This Pay Period (hrly rate * total hrs worked)		\$
F. Ending Encumbrance Balance (D - E)		\$
Please submit a new PAF to the Budget Office if you plan to retain employee whose encumbrance balance is near zero.		

Original Encumbrance Amount: \$ _____
Hourly Rate: \$ _____ / hr
Account # : _____ %
Account # : _____ %

I hereby certify that the above services were rendered to the STATE UNIVERSITY of NEW YORK PURCHASE COLLEGE on the dates and the rates of compensation billed for a department or agency other than the one in which I am regularly employed; that the said service were performed while on vacation or outside of the office hours of the department or agency in which I am regularly employed; that the above bill is just, true and correct and that no part thereof has been paid or satisfied.

Today's Date _____ Employee's Signature _____

Today's Date _____ Supervisor's Signature _____

Today's Date _____ Extra Service Dept. Head's Signature _____