

State of New York
EXTRA SERVICE PAYROLL VOUCHER

Agency: SUNY PURCHASE COLLEGE Agency Code: 28260 Pay Period #: _____

Name of Employee _____ Social Security #: Last 4 #s _____

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 20__ = _____ # of Courses Spring 20__ = _____

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 _____