

State of New York  
OFFICE OF THE STATE COMPTROLLER

**DUAL EMPLOYMENT/EXTRA SERVICE APPROVAL FORM**

**SEND APPROVALS TO:**

Office of the State Comptroller  
Bureau of Payroll Audit

**REQUEST FOR APPROVAL TO SERVE WITH ANOTHER STATE AGENCY**

**TO BE COMPLETED BY EMPLOYEE**

**PRESENT EMPLOYMENT:**

Name \_\_\_\_\_ Agency (where employed) \_\_\_\_\_  
Agency Code \_\_\_\_\_  
Title \_\_\_\_\_ Social Security # \_\_\_\_\_

**ADDITIONAL EMPLOYMENT REQUEST:**

I request approval to render additional service to the \_\_\_\_\_,  
(Name of Agency) (Agency Code)  
at \_\_\_\_\_, for the period from \_\_\_\_\_ through \_\_\_\_\_,  
(Location of Employment)  
for the purpose of \_\_\_\_\_  
(Brief Description of Work to be Performed)

I do not render additional service in any other agency.

I render additional service in another agency. The name of the agency is:

\_\_\_\_\_ Agency Code \_\_\_\_\_

**This requested additional service will not interfere with my regular duties.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE REGULARLY EMPLOYED**

\*Approved \_\_\_\_\_ Disapproved (Do not forward to Office of the State Comptroller)

Approved through \_\_\_\_\_

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

This additional service will not interfere with the performance of the employee's regular duties. \_\_\_\_\_  
(Name of Agency or Department Head)

Date \_\_\_\_\_ By \_\_\_\_\_

All approvals without a limiting date will expire  
Close of business on March 31<sup>st</sup> of the fiscal year. \_\_\_\_\_  
(Signature & Title of Authorized Designee)

**A signed original of this form must be forwarded to the Bureau of Payroll Audit before payments can be processed.**