

UP-8 REQUEST FOR APPROVAL OF EXTRA SERVICE FOR UUP (BU-08) EMPLOYEES

Approval for which must be obtained prior to the commencement of the service

I. TO BE COMPLETED BY EMPLOYEE

Name _____ College SUNY New Paltz SUNY ID _____
(Found on the suny.edu self srv. portal)

Address _____ Title _____
 _____ Current Salary _____

I request approval to render extra service on a _____ basis for the period:
(Part-time/Full-time)

_____ through _____ for the purpose of _____
MM/DD/YY MM/DD/YY

If this is a course identify course number(s) sections(s) above, check if On-Line ~OR~ Seated, and # of credits: _____

Total compensation for this additional work will not exceed \$ _____

This extra service will not interfere with my normal obligation to the University. Full-time professional staff cannot perform extra service during the core hours of the College. **I understand that according to the SUNY Extra Service Policy, cumulative extra service payments cannot exceed 20% of my base annual salary in any academic or calendar year beginning July 1 (for 12-month appointees), or September 1 (for 10-month appointees), as appropriate.**

If I am teaching a course, payments will be distributed over the semester automatically. I understand it is my responsibility to promptly notify the department chair if I cannot meet my full obligation.

If the service is other than teaching a scheduled course, I understand that proper submission of extra service vouchers or a fee payment authorization form will initiate payment.

Employee Signature: _____ Date: ___/___/___

II. SUPERVISORY APPROVAL (EMPLOYEE'S SUPERVISOR FOR REGULAR OBLIGATION)

I hereby approve the above employee's extra service function as outlined above. I have confirmed that if the service is being performed by a full-time professional, it is not during the core hours of the College.

Supervisor Signature: _____ Date: ___/___/___

III. SUPERVISORY APPROVAL (ACTING SUPERVISOR FOR EXTRA SERVICE ASSIGNMENT)

I understand that it is my responsibility to notify the Payroll Office immediately if the employee cannot fulfill his/her full obligation to this assignment (This avoids any overpayment).

I understand that I will be asked to document that the full obligation has been met by the employee.

Supervisor/Dept. Chair Signature: _____ Date: ___/___/___

IV. COMPENSATION/CHARGING INSTRUCTIONS If the service is other than teaching a course, please identify the payment method:

Hourly Rate: \$ _____ per hour / Fee amount based upon _____ (i.e.: per session, per student) / Other: _____

NOTE: Extra service vouchers or a fee payment authorization form is required if the service is other than teaching a course.

The expenditure identified above should be charged to the following account number: _____

Dean/Director/Authorized Account Signature: _____ Date: ___/___/___

V. ACTION BY CHIEF ADMINISTRATIVE OFFICER/ DIVISION VICE PRESIDENT/VP DEPT. DESIGNEE:

____ Approved ____ Disapproved ____ Approved with the following limitations: _____

Signature of Chief Administrative Officer/Division VP or Designee: _____ Date: ___/___/___

PAYROLL USE ONLY PR#/YR ___/___ PAY BASIS _____

Eff date _____

Commitment ID _____

Line # _____

TOTAL ES AMOUNT\$ _____
 BIW AMOUNT or ES VOUCHER NEEDED ...\$ _____

Comment (back)

01/2016