



EXTRA SERVICE PAYROLL VOUCHER

EMPLOYEE INFORMATION

Employing Agency Code: 28210

Name _____

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NYS ID#

Agency in Which Regularly Employed _____

Agency Code _____

Regular Position Title _____

Extra Service Position Title _____

WORKING HOURS *The actual time of starting and finishing work must be shown.*

DATE	TIME STARTED	TIME FINISHED	HRS WORKED	DATE	TIME STARTED	TIME FINISHED	HRS WORKED
	AM	AM			AM	AM	
	PM	PM			PM	PM	
	AM	AM			AM	AM	
	PM	PM			PM	PM	
	AM	AM			AM	AM	
	PM	PM			PM	PM	
	AM	AM			AM	AM	
	PM	PM			PM	PM	
	AM	AM			AM	AM	
	PM	PM			PM	PM	
	AM	AM			AM	AM	
	PM	PM			PM	PM	
	AM	AM			AM	AM	
	PM	PM			PM	PM	
	AM	AM			AM	AM	
	PM	PM			PM	PM	
	AM	AM			AM	AM	
	PM	PM			PM	PM	

Total Hours Worked _____

Hourly/Fee Rate from UP-8 _____
(if applicable)

Total Amount Due \$ _____
(must be completed based on an hourly/fee rate)

See Regular Temp Service payroll Schedule for submission deadlines and paycheck dates.

I hereby certify that the above services were rendered to the State of New York on the dates and at the rates of compensation billed for a department or agency other than the one in which I am regularly employed; that the said services 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 is just, true and correct; and that no part thereof has been paid or satisfied.

Employee Signature _____

Date _____

Extra Service Account # _____

Extra Service Supervisor Signature _____

Date _____

Extra Service Supervisor - Print Name _____