State of New York

EXTRA SERVICE PAYROLL VOUCHER

NAME OF EMPLOYEE_____

Last 4 digits of Social Security # | | | | | Employing Agency Code 28210

Agency in which regularly employed _____ Agency Code _____

Regular Position Title _____

Extra Service Position Title _____

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

DATE	TIME STARTED	TIME FINISHED	HOURS WORKED	**DATE**	TIME STARTED	TIME FINISHED	HOURS WORKED
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	

Total Hours Worked:_____ Total Amount Due:$_____

(must be completed for ES based on an hourly/fee rate)

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

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** **ES SUPERVISOR-Printed Name**