



FEE / EXTRA SERVICE PAYMENT AUTHORIZATION

Date:

To: Payroll

From:

RE:

Payroll is authorized to make a  Fee/ Extra Service payment based on the following information:

Name: \_\_\_\_\_

SUNY ID (found in TAS) #: \_\_\_\_\_  
(NOT Banner #)

All Dates Worked with # of Hours worked each date\*:

\_\_\_\_\_  
\_\_\_\_\_

Department: \_\_\_\_\_

Amount Due: \_\_\_\_\_

\*\*\*The amount paid must be at least the minimum wage for all hours worked\*\*\*

Account number to be charged: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*For those employees represented by UUP this information is needed to determine leave eligibility under Article 23 of the UUP contract.