



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.