

# 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 or fulfilling this extra service obligation for a set period of time for a defined compensation amount, payments will be distributed over the semester/time frame specified automatically. I understand it is my responsibility to promptly notify the individual supervising this extra service that I cannot meet my full obligation.

If the service is sporadic and is to be paid as work is performed, 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). If auto payments are appropriate, please check here: \_\_\_\_\_

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)

02/2024