

FARMINGDALE STATE COLLEGE

STATE UNIVERSITY OF NEW YORK

UP-8 REQUEST FOR APPROVAL OF EXTRA SERVICE FOR UUP (BU-08) EMPLOYEES

INSTRUCTIONS: Part I of this form is to be completed by the employee and submitted to the employee's supervisor for completion of the approval process prior to commencing extra service.

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PART I: TO BE COMPLETED BY EMPLOYEE (Fill out completely in ink)

Name _____ College _____
Address _____ Title _____
_____ Current Salary _____

I request approval to render extra service on a (p/t; f/t) _____ basis to
_____ at _____ for the period
(Name of State Agency) (Location of employment)
_____ through _____ for the purpose of _____

(brief description of work to be performed)

Total compensation for this additional work will not exceed \$_____ This extra service will not interfere with my normal obligations to the University.

(Date)

(Signature of Employee)

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PART II: ACTION BY SUPERVISOR

Approved Disapproved

Approved with the following limitations: _____

(Date) (Signature of Supervisor)

PART III: ACTION BY VICE PRESIDENT

Approved Disapproved

Approved with the following limitations: _____

(Date) (Signature of Dean or V. P.)

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PART IV: ACTION BY CHIEF ADMINISTRATIVE OFFICER

Approved Disapproved

Approved with the following limitations: _____

(Date)

(Signature of Chief Administrative Officer)

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Distribution: Payroll Audit Unit, Dept. of Audit & Control
Employing Campus