

# 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