

Request for Approval of Extra Service or Also Receives (SUNY Cortland employees – payment for services rendered to SUNY Cortland)

Form #11
(Extra Service/
Also Receives)
Revised 5/04 YELLOW ORIGINAL

- Extra Service (services rendered outside current department/position)
 Also Receives (overload or additional duties within current department/position)

SECTION 1: TO BE COMPLETED BY EMPLOYEE & APPROVED BY CURRENT SUPERVISOR (prior to commencement of additional service)

Name: _____ Current Title: _____

Department _____ Current Salary: _____

Description of service to be provided: _____

Service Dates: _____ To: _____

Schedule of Services rendered (days of week; hours of day): _____

(Signature – Chair/Supervisor)

(Date)

SECTION 2: TO BE COMPLETED BY SUPERVISOR OF EXTRA SERVICE or ALSO RECEIVES

Total payment for service: _____ \$
Payable: Biweekly Lump Sum
Account #: _____ **Type of Service:** Instructional Non-Instructional

(Signature – Chair/Supervisor)

(Date)

(Signature – Dean/Next Level Supervisor)

(Date)

(Signature – Vice President)

(Date)

Completed by HR:
Line #: _____
Title: _____

SECTION 3: ACTION BY CHIEF ADMINISTRATIVE OFFICER

Approved Disapproved

Approved with the following limitations: _____

(Signature – President)

(Date)

Original: HR
Copy: Employee

Payroll Verification:
By: _____ Date: _____

Business Verification:
By: _____ Date: _____