

State University of New York
 University-Wide Human Resources
 Albany, New York 12246

UP-8 Request for Approval of Extra Service for SUNY Professional Service
 Unit Employees (NU08)

INSTRUCTIONS: Part I of this form is to be completed by the employee in an original plus two copies, and submitted to the Chief Administrative Officer at the employee's campus for approval prior to commencing extra service. One copy should be forwarded to OSC to implement payment with all records of the transaction being kept at the campus.

I. To Be Completed by Employee

Name _____	Last 4-digits of SSN _____	Campus/Agency _____
Address _____		Title _____
Email Address _____		Current Salary _____
I request approval to render extra service on a <input type="checkbox"/> part-time <input type="checkbox"/> full-time basis to:		Agency: _____
At: (location of employment) _____	For the period from: _____	Through: _____
Describe purpose of work: _____		
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 Requesting Employee

II. Action by Chief Administrative Officer

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<input type="checkbox"/> Approved with the following limitations: _____	

_____ (date)	_____ Signature Chief Administrative Officer/Designee

Distribution: Payroll Audit Unit (OSC)
 Employee Copy
 Original mailed to Campus/Agency where extra service is being performed _____ Date