State University of New York

University-Wide Human Resources

Albany, New York 12246

UP-8 (Rev. 04/15)

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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. To Be Completed by Employee** | | | | | | | | | | | | | | | | | | | | |
|  | Name | SUNY ID | | | | | | | | Campus/Agency | | | | |  | | | | |  |
|  | Address |  | | | | | | | | Title | |  | | | | | | | |  |
|  | Email Address | | | | | | | | | Current Salary | | | | | |  | | | |  |
|  | | | I request approval to render extra service on a  part-time  full-time basis to: | | | | | | | Agency: | | |  | | | | | |  | |
| At: (location of employment) | |  | | | | | For the period from: | | |  | | | | Through: | | |  | |  | |
| Describe purpose of work: | | | | | |  | | | | | | | | | | | | |  | |
| Choose  One: | | | | | Total compensation for this additional work will not exceed:  Total compensation for this additional work: | | | |  | |  | | | | | | | | | |
|  | | | | | This extra service will not interfere with my normal obligations to the University. | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |
|  | | | | (date) | | |  |  | | Signature of Requesting Employee | | | | | | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **II. Action by Chief Administrative Officer** | | | | | | | | | | | | |
|  | | Approved | |  | | | | | Disapproved |  | | |
|  | | 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