AC 1588 (Rev. 11/19)

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
BUREAU OF STATE PAYROLL SERVICES

DUAL EMPLOYMENT/EXTRA SERVICE APPROVAL FORM

INTER AGENCY: Send inter agency approvals to the Office of the State Comptroller, Bureau of State Payroll Services.
INTRA AGENCY: Maintain intra agency approvals on file at the agency and have available for audit for at least three fiscal years beyond the appointments' end date.

TO BE COMPLETED BY EMPLOYEE

PRESENT EMPLOYMENT:

Name ..... Agency (where employed).....

Title ..... Dept. ID.....

Email Address..... NYS EMPLID .....

Primary Employment Work Schedule (Enter start and end times):

Thurs:____ to____ **Fri:**____ to____ **Sat:**____ to____ **Sun:**____ to____ **Mon:**____ to____ **Tues:**____ to____ **Wed:**____ to_____

Thurs:____ to____ **Fri:**____ to____ **Sat:**____ to____ **Sun:**____ to____ **Mon:**____ to____ **Tues:**____ to____ **Wed:**____ to_____

ADDITIONAL EMPLOYMENT REQUEST:

I request approval to render additional service to the (Name of Agency)..... (Dept ID).....

at ....., for the period from ..... through.....

for the purpose of (Brief Description of Work to be Performed) .....

.....

Proposed Dual Employment/Extra Service Employment Work Schedule (Enter start and end times):

Thurs:____ to____ **Fri:**____ to____ **Sat:**____ to____ **Sun:**____ to____ **Mon:**____ to____ **Tues:**____ to____ **Wed:**____ to_____

Thurs:____ to____ **Fri:**____ to____ **Sat:**____ to____ **Sun:**____ to____ **Mon:**____ to____ **Tues:**____ to____ **Wed:**____ to_____

☐ I do not render additional service in any other agency.

☐ I render additional service in another agency. The name of that agency is

..... Dept ID.....

This requested additional service will not interfere with my regular duties.

Date ..... By .....

ACTION BY HEAD OF DEPARTMENT OR AGENCY OF ADDITIONAL EMPLOYMENT

REQUESTED:

Begin Date:_____ End Date:_____ (No Later than March 31 of the current Fiscal Year).

This additional service will not interfere with the performance of the employee's regular duties.

Date ..... Additional Employment Department Head Signature .....

ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE PRESENTLY EMPLOYED

☐ *Approved..... ☐ Disapproved (Do <u>not</u> forward to Office of the State Comptroller)

☐ Approved through .....

☐ Approved with the following limitations: .....

This additional service will not interfere with the performance of the employee's regular duties.

.....
(Signature & Title of Agency Department Head)

Date .....

*ALL APPROVALS WILL EXPIRE CLOSE OF BUSINESS ON MARCH 31st OR EARLIER IF NOTED BY AN INVOLVED AGENCY.

..... .
(Signature & Title of Immediate Supervisor)

A Signed Image of this Form Must Be Emailed to the Payroll Earnings Mailbox at the Bureau of State Payroll Services Before Payments Can Be Processed. Questions should be directed to the Payroll Earnings Mailbox. Payrollearnings@OSC.NY.GOV