

**Approval Request for:  
Extra Service/Also Receives/Summer Session**  
(SUNY-ESF employees—payment for services rendered to SUNY-ESF)

Upon completion -  
Return to 216 Bray Hall

Extra Service (services rendered outside current department/position)  
 Also Receives (overload or additional duties within current department/position)  
 Summer Session (For SUNY-ESF Academic Year Employees only)

**Completed by Unit Head/Department Chair of Additional Service (prior to commencement of additional service)**

Employee Name: \_\_\_\_\_

Additional Service Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Current Title: \_\_\_\_\_

Unit/Department: \_\_\_\_\_

Description of Services to be Provided: \_\_\_\_\_

Schedule of Services (days of week/hours): \_\_\_\_\_

Account #: \_\_\_\_\_ Additional Services Compensation: \$ \_\_\_\_\_ Biweekly \_\_\_\_\_ Total Compensation

Type of Service:  Instructional or  Non-Instructional

Signature of Unit Head/Chair (requesting additional services): \_\_\_\_\_ Date: \_\_\_\_\_

*For Academic Affairs Only:*  
Signature of Assistant VP for Academic Finance: \_\_\_\_\_ Date: \_\_\_\_\_

*For All:* \_\_\_\_\_ Date: \_\_\_\_\_  
Vice President/Chief of Staff (*print name*) Vice President/Chief of Staff (*signature*)

**Completed by Current Unit Head/Department Chair (if not the one requesting additional services)**

Recommended     Not Recommended     Recommended with the following limitations:

Limitations: \_\_\_\_\_

Current Unit Head/Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**President's Approval**

Approved     Not Approved     Approved with the following limitations:

Limitations: \_\_\_\_\_

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee's Signature**

I accept this additional service and certify that it will not interfere with my professional obligation to the college. If category is Extra Service, I agree to complete Certification of Obligation form (next page) monthly.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Human Resources Office**

Additional Service Title: \_\_\_\_\_ Copies:     Original in HR File     Employee Copy     Payroll

Line # \_\_\_\_\_  Unit Head/Department Chair that is requesting additional services

**Current Salary:** \_\_\_\_\_  Current Unit Head/Department Chair (if different than above)

## **EXTRA SERVICE CERTIFICATION:**

To be completed monthly for the Category of Extra Service by a  
SUNY-ESF employee at SUNY-ESF.

Employee Name: \_\_\_\_\_

Extra Service Unit/Department: \_\_\_\_\_

Month Ending: \_\_\_\_\_

\_\_\_\_\_ I certify I met my obligation during the month.

\_\_\_\_\_ I certify I met my obligation during the month with the exception of the following:

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Extra Service Unit Head/Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed form to:**

**SUNY-ESF Human Resources Office**

**216 Bray Hall**

**315-470-6611**