

**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) - FORWARD TO Supervisor or VP

Employee Name: _____
 Additional Service Dates: Start Date: _____ End Date: _____
 Employee Current Title: _____
 Employee 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: _____ Date: _____
 (requesting additional services) (print name) (signature)
 Signature of Vice President/Chief of Staff: _____ Date: _____
 (print name) (signature)

Completed by Current Unit Head/Department Chair (if not the one requesting additional services) - FORWARD TO VP or COS

_____ 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**
only 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