



EXTRA SERVICE FORM
MUST COMPLETE PAGE 2 (UP-8)

☐ Revision

A. EMPLOYEE INFORMATION							
FIRST NAME		MI		LAST NAME			
ADDRESS				CITY		STATE	
PHONE				EMAIL			

B. APPOINTMENT INFORMATION	
PRIMARY DEPARTMENT	PRIMARY TITLE
EXTRA SERVICE DEPT	

C. COURSE / EXTRA SERVICE DETAIL							
TERM	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> Winter 20						
APPT DATES	From (mm/dd/yy): To (mm/dd/yy):						
DESCRIPTION OF EXTRA SERVICE WORK: (For Non-Instruction Only)							
COURSE NO.	COURSE NAME	Delivery (Face to Face or Online)		HOURS		EXTRA SERVICE COMPENSATION	ACCOUNT #
				# of Contact Hours	# of Credit Hours		
		F2F <input type="checkbox"/>	OL <input type="checkbox"/>				
		F2F <input type="checkbox"/>	OL <input type="checkbox"/>				
		F2F <input type="checkbox"/>	OL <input type="checkbox"/>				
		F2F <input type="checkbox"/>	OL <input type="checkbox"/>				
		F2F <input type="checkbox"/>	OL <input type="checkbox"/>				
COMMENTS							

D. BUDGET AND PAYROLL INFORMATION	
TOTAL SALARY	\$

E. AUTHORIZATIONS			
EMPLOYEE		DATE	
DEPT. CHAIR / PRIMARY SUPERVISOR <small>(For Internal Employees Only)</small>		DATE	
EXTRA SERVICE SUPERVISOR		DATE	
DEAN/DIRECTOR		DATE	
PROVOST/VICE PRESIDENT		DATE	
HUMAN RESOURCES		DATE	
BUDGET DIRECTOR		DATE	
VP FOR ADMIN		DATE	

HR USE ONLY	
SSN	
DOB	
Benefit Eligible	<input type="checkbox"/> YES <input type="checkbox"/> No
Eligibility Date	
Notice Date	

PAYROLL USE ONLY	
Line #	
Payroll Dates	

DISTRIBUTION: Personnel File - Payroll - VP Admin

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 _____ 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 ☐ Total compensation for this additional work will not exceed:

One: ☐ Total compensation for this additional work:

 (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