

STATE UNIVERSITY OF NEW YORK

UP-8 REQUEST FOR APPROVAL OF EXTRA SERVICE FOR UUP EMPLOYEES

INSTRUCTIONS: Part I of this form is to be completed by the employee and submitted to the Chief Administrative Officer of his/her campus for approval prior to commencing extra service.

I. TO BE COMPLETED BY EMPLOYEE	
Name: _____	College: _____
Address: _____	Title: _____
_____	Current Salary: _____
I request approval to render extra service on a _____ basis to (part time) (full time)	
_____ at _____	for the period _____ through _____
(name of state agency)	(location of employment)
for the purpose of _____ (brief description of work to be performed)	
Total compensation for this additional work will not exceed \$ _____	
This extra service will not interfere with my normal obligations to the University.	
_____	_____
Date	Signature of Employee
II. ACTION BY CHIEF ADMINISTRATIVE OFFICER	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<input type="checkbox"/> Approved with the following limitations: _____	

_____	_____
Date	Signature of Chief Administrative Officer