

STATE UNIVERSITY OF NEW YORK AT GENESEO

EXTRA SERVICE PAYROLL VOUCHER

Agency authorizing claim _____

Agency Code _____

Payroll Period _____

Name of Employee _____

Agency authorizing claim _____

Agency Code _____

Retirement Registration Number _____

Regular Position Title _____

Retirement Rate _____

Salary _____

Line Number _____

Extra Service Position Title _____

Number of Tax Exemptions Claimed _____

Rate _____

The actual time of starting and finishing work must be shown

Date	Time Started	Time Finished	Hours Worked

Date	Time Started	Time Finished	Hours Worked

Total Hours Worked: _____

Total Amount: _____

I hereby certify that the above services were rendered to the State of New York on the dates and at the rates of compensation billed for a department or agency other than the one in which I am regularly employed; that the said services were performed while on vacation or outside of the office hours of the department or agency in which I am regularly employed; that the above bill is just, true and correct; and that no part thereof has been paid or satisfied.

Employee Signature _____

Date _____