|  |  |
| --- | --- |
| **Extra Service Form** | **OFFER AND ACCEPTANCE:** Authorizations must be submitted and approved **prior** to the commencement of the extra service work. Payment of authorized extra service is contingent upon the timely receipt of paperwork. Return completed, approved forms to Human Resources. \*\*\***Incomplete forms will be returned to the Extra Service Hiring Department. \*\*\*** |
| I. TO BE COMPLETED BY DEPARTMENT PAYING FOR EXTRA SERVICE |
| EMPLOYEE DATA: |
| Name: | Emp SS# (Only last 4 digits for returning employees\*):  |
| Budget Title: | Base Salary: |
| Campus Address: |
| Primary Department\*\*:**(If primary department is another state agency, see matrix to obtain approval on appropriate form.)** | Extra Service Department: |
| Describe all additional service or overload of additional duties: If additional service is teaching, list courses: **Fall: #** **list       Spring: #       list**  |
| **EXTRA SERVICE APPOINTMENT AND COMPENSATION OFFER:** |
| **Total Stipend Amount** | **Begin Date** |  **End Date** | Account Number:       [ ]  Instructional or [ ]  Non-Instructional |
| **\*Required Forms For Extra Service Appointment:** Please refer to the **matrix** to see which form is required. The required form(s) should accompany the extra service approval form.[ ] UP-8 Form [ ] UP-6 Form [ ] Dual Employment AC-1588 [ ] I-9 Form [ ] State Withholding Form IT-2104[ ] Federal Withholding Form W-4 [ ] Retirement Election Form |
| [ ]  Retirement Information: Contract/Membership Number(s): Effective date of Membership: |
| **II. TO BE COMPLETED BY EMPLOYEE** |
| **ACCEPTANCE OF OFFERED TEMPORARY EXTRA SERVICE:**I accept the foregoing appointment as offered by SUNY Geneseo. In accepting this appointment, I agree to comply with and support all Federal and State laws and all SUNY Geneseo policies. I agree to complete in full the indicated forms above applicable to my appointment. I understand that failure to comply with completion of forms will result in delayed payment until Human Resources is in receipt of correct completed forms. I am required to provide a work log within three business days if so requested. I understand that payment can only be made after work is completed. |
| ACCEPTED: (Employee’s Signature) |  | Date: |
| III. APPROVALS |
| **AUTHORIZATION:**By affixing our signatures below, we certify that the extra compensation requested is for work that is above and beyond normal duties and responsibilities and that such extra work will not interfere with the employee’s regular obligation or this department’s ability to meet its regular professional obligations to the campus. If this is an extra service appointment, we also certify that the service will not exceed the equivalent of 10% of the employee’s base salary for a semester or 20% for an academic year for employees having academic year obligations, or 20% for the full year for employees with calendar year obligations.  |
| **Extra Service Supervisor**: |  | Date: | [ ]  Approved | [ ]  Disapproved |
| **Primary Supervisor\*\***: (NOT applicable if Extra Service is same as Primary Supervisor) |  | Date: | [ ]  Approved | [ ]  Disapproved |
| **Vice President/Provost** (Extra Service): |  | Date: | [ ]  Approved | [ ]  Disapproved |
| HR Use Only: [ ]  PayServ Initials\_\_\_\_\_\_\_ Date \_\_\_\_\_ SUNY HR [ ]  Initials \_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Copies: [ ] Employee [ ] Dept(s) [ ] Personnel File Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Record of Payments (check dates):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number (SSN) is required pursuant to the IRS code. The SSN is req uired to verify your identity.

\*\* Primary Department/Primary Supervisor not required if extra service employee is from another State Agency or SUNY.**

SUNY GENESEO MATRIX OF REQUIRED EXTRA SERVICE FORMS FOR PAYMENT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CURRENTEMPLOYMENTCLASSIFICATION AND PAYMENT TYPE |  PT OR FT GENESEO EMPLOYEE WORKING EXTRA SERVICE AT GENESEO |  FT GENESEO EMPLOYEE  WORKING EXTRA SERVICE AT ANOTHER SUNY CAMPUS OR  OTHER STATE AGENCY |  PT GENESEO EMPLOYEE WORKING EXTRA SERVICE AT  ANOTHER SUNY OR AT OTHER STATE AGENCY  | PT SUNY OR OTHER STATE AGENCY EMPLOYEE WORKING EXTRA SERVICE AT GENESEO | FT OTHER STATE AGENCY EMPLOYEE WORKING EXTRA SERVICE AT GENESEO |  FT SUNY EMPLOYEE WORKING EXTRA SERVICE  AT GENESEO |
| UUP-NU 08**FEE ONLY** | EXTRA SERVICE FORM | UP-8 REQUEST FORM Other campus/agency may require additional employment/tax forms | DUAL EMPLOYMENT FORMOther campus/agency may require additional employment/tax forms | EXTRA SERVICE FORMDUAL EMPLOYMENT FORMHIRE PACKAGE \* | EXTRA SERVICE FORMDUAL EMPLOYMENT FORMHIRE PACKAGE\* | EXTRA SERVICE FORMUP-8 REQUEST FORMHIRE PACKAGE\* |
| M/C – NU 13**FEE ONLY** | EXTRA SERVICE FORMUP-6 | UP-6 REQUEST FORMOther campus/agency may require additional employment/tax forms | UP-6 REQUEST FORMOther campus/agency may require additional employment/tax forms | EXTRA SERVICE FORMUP-6 REQUEST FORMHIRE PACKAGE\*.  | NORMALLY - N/A CALL HUMAN RESOURCES AT 5616 IF YOU ENCOUNTER THIS EXTRA SERVICE SCENARIO | EXTRA SERVICE FORMUP-6 REQUEST FORMHIRE PACKAGE\* |
| CLASSIFIEDSERVICENU 1 – 6, 61**FEE ONLY** | EXTRA SERVICE FORM | DUAL EMPLOMENT FORMOther campus/agency may require additional employment/tax forms | DUAL EMPLOYMENT FORMOther campus/agency may require additional employment/tax forms | EXTRA SERVICE FORMDUAL EMPLOYMENT FORM HIRE PACKAGE\* | EXTRA SERVICE FORMDUAL EMPLOYMENT FORMHIRE PACKAGE\* | EXTRA SERVICE FORMDUAL EMPLOYMENT FORM  HIRE PACKAGE\* |

### REQUIRED SIGNATURE/APPROVALS:

\*HIRE PACKAGE: I-9
OATH OF OFFICE
FORM W-4

FORM IT-2104
RETIREMENT ELECTION FORM

 EMPLOYEE INFORMATION FORM

**NOTE: THIS MUST BE COMPLETED BY ALL FIRST-TIME EXTRA SERVICE OR DUAL EMPLOYMENT HIRES AT GENESEO. IF THERE IS A BREAK IN SERVICE GREATER THAN THREE YEARS, SUNY GENESEO RESERVES THE RIGHT TO REQUEST A BRAND NEW HIRE PACKAGE.**

**Extra Service Form** **UP-6**

Employee Employee
Extra Service Supervisor Chief Administrative Officer
\*Employee’s Primary Department Supervisor
Vice President/Provost

**UP-8** **Dual Employment Form**Employee Employee
Vice President/Provost Vice President/Provost

\* **Primary Department/Primary Supervisor not required if extra service employee is from another State
 Agency or SUNY.**