

**STATE UNIVERSITY OF NEW YORK  
OFFICE OF EMPLOYEE RELATIONS AND PERSONNEL  
ALBANY, NY 12246**

**UP-8 REQUEST FOR APPROVAL OF EXTRA SERVICE FOR UUP (BU-08) EMPLOYEES**

**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 of his/her campus for approval prior to commencing extra service. One copy should be forwarded to Audit & Control to implement payment with all records of the transaction being kept at the campus.

**I. TO BE COMPLETED BY EMPLOYEE**

Name \_\_\_\_\_ College \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_

Current Salary \_\_\_\_\_

I request approval to render extra service on a \_\_\_\_\_ basis to the \_\_\_\_\_  
(part-time) (full-time) (Name of State Agency)

at \_\_\_\_\_ for the period \_\_\_\_\_ through \_\_\_\_\_ for the purpose of \_\_\_\_\_  
(Location of employment)

(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. APPROVAL OF DEAN/DIRECTOR and VICE PRESIDENT**

Approved  Disapproved

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Dean/Director)

Approved  Disapproved

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Vice President)

**III. ACTION BY CHIEF ADMINISTRATIVE OFFICER**

Approved  Disapproved

Approved with the following limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Chief Administrative Officer)

Distribution:  Payroll Audit Unit, Dept. of Audit & Control  Chief Administrative Officer  Employee Copy