

STATE OF NEW YORK

**EXTRA SERVICE PAYROLL VOUCHER**

State University of New York at Albany

Agency authorizing claim: SUNY ALBANY – 28010

PR#:

Agency in which regularly employed:

Agency Code:

**Employee Name:**
**Employee ID:**
**Retirement Registration No.:**
**Dept:**
**Number of Tax Exemptions Claimed:**
**Dates:**
**to**
**Rate:**

The actual time of starting and finishing work must be shown.

**Account #:**

Date	Time Started	Time Finished	Hours Worked		Date	Time Started	Time Finished	Hours Worked
	A.M.	A.M.				A.M.	A.M.	
	P.M.	P.M.				P.M.	P.M.	
	A.M.	A.M.				A.M.	A.M.	
	P.M.	P.M.				P.M.	P.M.	
	A.M.	A.M.				A.M.	A.M.	
	P.M.	P.M.				P.M.	P.M.	
	A.M.	A.M.				A.M.	A.M.	
	P.M.	P.M.				P.M.	P.M.	
	A.M.	A.M.				A.M.	A.M.	
	P.M.	P.M.				P.M.	P.M.	
	A.M.	A.M.				A.M.	A.M.	
	P.M.	P.M.				P.M.	P.M.	
	A.M.	A.M.				A.M.	A.M.	
	P.M.	P.M.				P.M.	P.M.	
	A.M.	A.M.				A.M.	A.M.	
	P.M.	P.M.				P.M.	P.M.	
Total Hours Worked:			Total Amount: \$			-For the Period		

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 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:

Supervisor Signature:

Date: