

Prefix	Employee Last Name	Employee First Name	MI	Employee ID	Visa/Status (if applicable)
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1. Use this form for current UAlbany (State) employees performing internal extra service on campus. For M/C employees, attach a UP-6. **DO NOT USE** for employees of another State agency performing extra service at UAlbany (use HRM-2 and AC-1588).
2. Submit this form to the Budget Office at least two weeks prior to the effective date. Extra service performed prior to approval will not be paid. Please complete all applicable fields; incomplete forms will be returned.
3. **IMPORTANT NOTICE TO EMPLOYEES:** As a reminder, per the SUNY Extra Service policy, your extra service earnings cannot exceed 20% of your full-time annual salary in any given year. Please review the policy by visiting this link: www.suny.edu/sunypp/documents.cfm?doc_id=419.

Line	Home Department	Budget Title in Home Department	Regular Salary in Home Dept.	FTE
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EXTRA SERVICE INFORMATION

Extra Service Department	Extra Service Start Date	Extra Service End Date
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Check the appropriate box for the use of time: <input type="checkbox"/> No charge required (extra service will occur outside of regular work hours) <input type="checkbox"/> Additional duties; no interference with work schedule <input type="checkbox"/> Will charge accruals <input type="checkbox"/> Leave without pay	Total Extra Service Compensation	ExSvc FTE
	Account to be Charged	

Brief Description of Work to be Performed:

Employee Signature:	Date:
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HOME DEPARTMENT APPROVALS

By signing below, you acknowledge that the employee named above will be performing extra service and that the extra service will not interfere with this employee's regular responsibilities. If the extra service will be performed in the home department, you authorize payment for those services from the State account listed above.

HOME Supervisor/Department Head

Name:	Signature:	Date:
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HOME Dean/Asst/Assoc VP:

Name:	Signature:	Date:
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EXTRA SERVICE DEPARTMENT APPROVALS (if extra service will be performed outside of the home department)

By signing below, you authorize the employee named above to perform the extra service described above, and you authorize payment for those services from the State account listed above.

EXTRA SERVICE Supervisor/Department Head

Name:	Signature:	Date:
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EXTRA SERVICE Dean/Asst/Assoc VP

Name:	Signature:	Date:
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ADMINISTRATIVE REVIEW

PRESIDENT (OR DESIGNEE) APPROVAL:	DATE:
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Budget:	Log #:	Human Resources:
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