

STATE UNIVERSITY OF NEW YORK
OFFICE OF EMPLOYEE RELATIONS AND PERSONNEL
UP-8 REQUEST FOR APPROVAL OF EXTRA SERVICE FOR UUP and GSEU

Instructions: Part I of this form is to be completed by the State Employee
Part II is to be completed by the Extra Service department.
Part III is to be approved by the Primary Department Supervisor, Department Head,
Vice President/Provost, and Human Resources **prior** to commencing Extra Service.
Part IV is the final approval by the Director of Human Resources.

I. TO BE COMPLETED BY EMPLOYEE

Name _____ Current Salary \$ _____ Stony Brook ID # _____

Non-Immigrant Status _____ Title _____ Department _____

I request approval to render Extra Service on (Days) _____ (Hours) _____

In _____ From (Date) _____ Through (Date) _____
(Extra Service Department)

Please describe purpose of Extra Service and how Extra Service is substantially different than normal obligation.
****non-academic employees : must attach copy of position description or performance program**

This extra service will not interfere with my normal obligation:
Signature of **Employee** requesting Extra Service _____ Date _____

II. TO BE COMPLETED BY EXTRA SERVICE DEPARTMENT

State Extra Service Account to be charged _____
OR

RF Charging Instructions for Extra Service: Project# _____ Task _____ Award# _____

Total payment for Extra Service for dates above: \$ _____
Cannot exceed 20% of current salary

Signed _____ Print Name _____ Date _____
(extra service department authorization)

III. TO BE COMPLETED BY EMPLOYEE'S PRIMARY DEPARTMENT

I have reviewed the employee's regular duties and confirm that this Extra Service will not interfere with the employee's normal obligations to the University:

_____ (date)	_____ (Primary Supervisor)	_____ Print Name
_____ (date)	_____ (Primary Department Head)	_____ Print Name
_____ (date)	_____ (Vice President/Provost)	_____ Print Name
_____ (date)	_____ (Human Resources)	_____ Print Name

IV. ACTION BY DIRECTOR OF HUMAN RESOURCES

Approved Disapproved Referred to Class and Comp for review

Class and Comp recommendation (where applicable) _____

Approved with the following limitations _____

_____ (Date) _____ Signature of Director, Human Resources