

STATE UNIVERSITY OF NEW YORK
OFFICE OF EMPLOYEE RELATIONS AND PERSONNEL
ALBANY, N.Y. 12246

UP-8 REQUEST FOR APPROVAL OF EXTRA SERVICE FOR UUP (BU-08) EMPLOYEE WORKING AS DUAL
EMPLOYEE AT ANOTHER SUNY AGENCY

INSTRUCTIONS: Part I of this form is to be completed by the employee in an original plus three copies, and submitted to the Chief Administrative Officer of his campus for approval prior to commencing extra service. Forward the original plus one copy to the payroll/personnel office at the campus paying the extra service.

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)

_____ at _____ for the period _____ through _____
(name of state agency) (location of employment)

for the purpose of _____
(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. ACTION BY CHIEF ADMINISTRATIVE OFFICER

Approved Disapproved

Approved with the following limitations: _____

(date) (Signature of Chief Administrative Officer)