

STATE OF NEW YORK
EXTRA SERVICE PAYROLL VOUCHER

Agency authorizing claim: State University Morrisville Agency: 28400 Period: _____

Employee Name: _____

Agency in which regularly employed: State University Morrisville Agency: 28400

Retirement Registration No. _____ Regular Position Title: _____

Retirement Rate: _____ Salary: _____ Item No. _____

Social Security No. _____ Extra Service Position Title: _____

Number of Tax Exemptions Claimed: _____ Rate: _____

Course: _____ Days: _____

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

Date	Time Started	Time Finished	Hours Worked		Date	Time Started	Time Finished	Hours Worked
	AM	AM				AM	AM	
	PM	PM				PM	PM	
	AM	AM				AM	AM	
	PM	PM				PM	PM	
	AM	AM				AM	AM	
	PM	PM				PM	PM	
	AM	AM				AM	AM	
	PM	PM				PM	PM	
	AM	AM				AM	AM	
	PM	PM				PM	PM	
	AM	AM				AM	AM	
	PM	PM				PM	PM	
	AM	AM				AM	AM	
	PM	PM				PM	PM	

Total Hours Worked

Total Amount

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 while 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.

Date: _____

Employee Signature: _____