



**Request for Additional Services: Extra Service/Also Receives
(Additional payment to Current SUNY Morrisville Employees Only)**

_____ Extra Service (services rendered outside current department position) –OR–

_____ Also Receives (overload or additional duties within current department/position)

Completed by Unit Head/Department Chair of Additional Service (prior to commencement of additional service)

Employee Name: _____

Additional Service Start Date: _____ End Date: _____

Current Title: _____ Current Salary: _____

Unit/Department: _____

Description of Additional Services to be provided: _____

Schedule of Additional Services (days of week/hours): _____

Account #: (*cannot be processed without this information) _____

Additional Services Compensation:

If Also Receives- Additional Annual Amount on Base Pay: _____

If Extra Service- Total Compensation: _____

Please obtain signatures in the order that they appear. It is the responsibility of your department to forward to the next in line for signature.

Fund Custodian Signature:

Date:

Vice President/Provost Signature:

Date:

Vice President of Administration and Finance:

Date:

President Signature:

Date:

Human Resources Signature:

Date:

I accept this additional service and certify that it will not interfere with my professional obligation to the college.

Employee's Signature

Date

Return Completed Form to Human Resources at humanresources@morrisville.edu

Cc: Human Resources, Payroll, Unit Head/Department Chair requesting services