



SUNY MORRISVILLE

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 (lump sum): _____	
Fund Custodian Signature: _____	Date: _____
Vice President/Provost Signature: _____	Date: _____
Human Resources Signature: _____	Date: _____
Budget Officer Signature: _____	Date: _____
President Signature: _____	Date: _____

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

_____ Date _____

Employee's Signature

Copies: __Original in HR File__ Employee Copy __Payroll__ Unit Head/Department Chair that is requesting services
Current Head/Department Chair (if different) **Return Completed Form to Human Resources, Brooks Hall**