



**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): _____	
<b>Account #:</b> (*cannot be processed without this information) _____	
<b>Additional Services Compensation:</b>	
If Also Receives- Additional Annual Amount on Base Pay: _____	
If Extra Service- Total Compensation (lump sum): _____	
Fund Custodian Signature: _____	Date: _____
Next Level Supervisor Signature (if applicable) _____	Date: _____
Budget Officer Signature: _____	Date: _____
President Signature: _____	Date: _____

**Employee's Signature**

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

\_\_\_\_\_ Date \_\_\_\_\_

Copies: \_\_\_ Original in HR File \_\_\_ Employee Copy \_\_\_ Payroll \_\_\_ Unit Head/Department Chair that is requesting services \_\_\_  
Current Head/Department Chair (if different)