STATE OF NEW YORK OFFICE OF THE STATE COMPTROLLER BUREAU OF STATE PAYROLL SERVICES

EXTRA SERVICE PAYROLL VOUCHER

Agency authorizing claim. Morrisville State College					Dept. ID	P.R. P	P.R. Period	
Name of Employee								
Agency in which regula	rly employed			Dept	Dept. ID			
Retirement Registration	n No			Regular Position T	itle			
•				Regular Position Title				
Retirement Rate				Salary Item No				
Last 4 Digits of Social Security No.				Extra Service Position Title				
Number of Tax Exempti	ions Claimed			Rate				
The actual time of start	ing and finishing v	work must be sh	own.					
DATE	TIME STARTED	TIME FINISHED	HOURS WORKED	DATE	TIME STARTED	TIME FINISHED	HOURS WORKED	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.		
TOTAL HOU	RS WORKED		.,	TOTAL	AMOUNT			
I hereby certify that the a department or agency outside of the office hot that no part thereof has	y other than the o urs of the departm been paid or sati	ne in which I am nent or agency ir isfied.	regularly er which I am	nployed; that the said	d services were perfo that the above bill is	ormed while on s just, true and c	vacation o correct; and	

This form must be retained in the Agency payroll office and be made available upon request by the Office of the State Comptroller.