



**INTERNAL UP-8 Request for Approval of Extra Service for SUNY Professional Service Unit Employees (NU08)**

This form must accompany the UP-8 Form. Both forms must be completed by the employee prior to initiating the approval process.

**TO BE COMPLETED BY EMPLOYEE**

Name.....

Department.....

Title.....

I certify that the requested additional service will not interfere with my regular duties. I understand that this form is in addition to the UP-8 form that must be fully executed and approved prior to the commencement of my Extra Service.

Signature.....Date .....

**APPROVALS**

Approved  Disapproved

Approved with the following limitations:.....

Signature.....Date .....

Department Chair/Supervisor

Approved  Disapproved

Approved with the following limitations: .....

Signature.....Date .....

Dean/Director

Approved  Disapproved

Approved with the following limitations: .....

Signature.....Date .....

Provost/Vice President

State University of New York  
 University-Wide Human Resources  
 Albany, New York 12246

UP-8 Request for Approval of Extra Service for SUNY Professional Service  
 Unit Employees (NU08)

**INSTRUCTIONS:** Part I of this form is to be completed by the employee in an original plus two copies, and submitted to the Chief Administrative Officer at the employee's campus for approval prior to commencing extra service. One copy should be forwarded to OSC to implement payment with all records of the transaction being kept at the campus.

**I. To Be Completed by Employee**

Name \_\_\_\_\_ Campus/Agency \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Current Salary \_\_\_\_\_

I request approval to render extra service on a  part-time  full-time basis to: \_\_\_\_\_ Agency: \_\_\_\_\_

At: (location of employment) \_\_\_\_\_ For the period from: \_\_\_\_\_ Through: \_\_\_\_\_

Describe purpose of work: \_\_\_\_\_

Total compensation for this additional work will not exceed:

This extra service will not interfere with my normal obligations to the University.

\_\_\_\_\_ (date) \_\_\_\_\_ Signature of Requesting Employee

**II. Action by Chief Administrative Officer**

Approved  Disapproved

Approved with the following limitations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ (date) \_\_\_\_\_ Signature Chief Administrative Officer/Designee

Distribution:  Payroll Audit Unit (OSC)  
 Employee Copy  
 Original mailed to Campus/Agency where extra service is being performed \_\_\_\_\_ Date