BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

BINGHAMTON UNIVERSITY EXTRA SERVICE REQUEST FORM
(To be completed by the department paying extra service)

Name _____ Title _____

Home Department _____

Department Where Extra Service Will be Performed _____

Start Date of Extra Service _____

End Date of Extra Service _____

Brief Description of Duties:
_____
_____
_____

_____ Instructional _____ Non-Instructional

Amount of Compensation Requested _____

Requested Number of Payments _____

Charging Department & SUNY Account/ Sub-Account Number _____

NOTE: If one payment is requested, the payment will be made when the extra service is completed. One payment will be made in the first available payroll for all Extra Service Request forms received after the designated work has been completed.

APPROVALS

_____ **Date**_____
Employee's Supervisor Approval

I have reviewed the request for compensation for extra service and approve as per the University's policy on this subject. The compensation to be received is in accordance with the Policies of the Board of Trustees, Binghamton University policies and procedures and where appropriate, the Office of the State Comptroller and the UUP Agreement.

_____ Date_____
Chair/Department Director
(Or Dean if Chair isn't available)

_____ Date _____
Dean/Director or Designated Representative
(Required if funding provided by Dean's Office)

_____ Date_____
Human Resources Approval

Revised 9/2018