

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

DUAL EMPLOYMENT/EXTRA SERVICE APPROVAL FORM

INTER AGENCY: Send inter agency approvals to the Office of the State Comptroller, Bureau of State Payroll Services.

INTRA AGENCY: Maintain intra agency approvals on file at the agency and have available for audit for at least three fiscal years beyond the appointments' end date.

| TO BE COMPLETED BY EMPLOYEE | |
|--|--|
| PRESENT EMPLOYMENT: | |
| Name | Agency (where employed) |
| Title | Dept. ID..... |
| Email Address..... | NYS EMPLID |
| Primary Employment Work Schedule (Enter start and end times): | |
| Thurs: ___ to ___ Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___ | |
| Thurs: ___ to ___ Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___ | |
| ADDITIONAL EMPLOYMENT REQUEST: | |
| I request approval to render additional service to the (Name of Agency)..... (Dept ID)..... | |
| at, for the period from through..... | |
| for the purpose of (Brief Description of Work to be Performed) | |
| | |
| Proposed Dual Employment/Extra Service Employment Work Schedule (Enter start and end times): | |
| Thurs: ___ to ___ Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___ | |
| Thurs: ___ to ___ Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___ | |
| <input type="checkbox"/> I do not render additional service in any other agency. <input type="checkbox"/> I render additional service in another agency. The name of that agency is Dept ID..... | |
| This requested additional service will not interfere with my regular duties. | |
| Date | By |
| ACTION BY HEAD OF DEPARTMENT OR AGENCY OF ADDITIONAL EMPLOYMENT | |
| REQUESTED: | |
| Begin Date: _____ End Date: _____ (No Later than March 31 of the current Fiscal Year). | |
| This additional service will not interfere with the performance of the employee's regular duties. | |
| Date | Additional Employment Department Head Signature |
| ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE PRESENTLY EMPLOYED | |
| <input type="checkbox"/> *Approved..... <input type="checkbox"/> Disapproved (Do <u>not</u> forward to Office of the State Comptroller) | |
| <input type="checkbox"/> Approved through | |
| <input type="checkbox"/> Approved with the following limitations: | |
| This additional service will not interfere with the performance of the employee's regular duties. | |
| Date | (Signature & Title of Agency Department Head) |
| *ALL APPROVALS WILL EXPIRE CLOSE OF BUSINESS ON MARCH 31st OR EARLIER IF NOTED BY AN INVOLVED AGENCY. | |
| Date | (Signature & Title of Immediate Supervisor) |