



**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): _____ _____	
Account #: (*cannot be processed without this information) _____	
Additional Services Compensation:	
If Also Receives- Additional Annual Amount on Base Pay: _____	
If Extra Service- Total Compensation: _____	
Please obtain signatures in the order that they appear. It is the responsibility of your department to forward to the next in line for signature.	
Fund Custodian Signature:	Date:
Vice President/Provost Signature:	Date:
Budget Officer Signature:	Date:
President Signature:	Date:
Human Resources Signature:	Date:

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

Employee's Signature _____
Date

Return Completed Form to Human Resources at humanresources@morrisville.edu

Cc: Human Resources, Payroll, Unit Head/Department Chair requesting services