SUNY Maritime College

Extra Service Compensation Authorization Form

For work performed at, or for, SUNY Maritime College -- by employees of SUNY Maritime College who work in excess of their professional obligation in their own department or do service for a different department. *Authorizations must be submitted and approved prior to the commencement of the extra service work.* ***Payment of authorized extra service is contingent upon the timely receipt from authorized employees of extra service vouchers, including attendance records if to be paid hourly, by the payroll office.***

Name: _____ Emp SS#: _____

Primary/Home Department: _____ Base Salary: _____

HR Office Use [1]Maximum Possible 20% of Base: _____

Extra Service Departments(s) [list all]: _____

Describe all extra service duties – if teaching, list courses (if performing extra service for more than one department make sure to describe all duties in all departments). If extra service is for other than teaching, describe how the completion of the extra service work will be measured (e.g. in hours, verification of completed steps in a project, etc.):

By affixing our signatures below, we hereby certify that the extra service compensation requested is for work that is above and beyond normal duties and responsibilities and that such extra work will not interfere with this professional obligation of this employee or this department's ability to meet its regular professional obligations to the campus. [1]We also certify that the extra service will not exceed the equivalent of 10% of the employee's base salary for a semester or 20% for an academic year for employees having academic year obligations, or 20% for the full year for employees with calendar year obligations.

Initial Authorizing Signatures (Employee and his/her primary/home unit head/supervisor):

Employee's Signature	Date	Primary/Home Unit Head	Date

Departmental Request(s) for approval to employee this employee on an extra service basis.

	Dept Name	Amt Auth	[2]Pay Mode	Rate, if Hrly	Account	XS Beg Dt		XS End Dt
Dept (1)							to	
Dept (2)							to	
Dept (3)							to	

Total Amount Authorized: _____

[2] Hourly Rate or Fee

Each unit head required to sign this form because this employee is performing extra service in his/her unit hereby certifies that the extra service being performed by this employee is essential to the mission of the unit and that the work is above and beyond what might be considered the normal workload of other department members to whom this work might otherwise be assigned.

	Signature	Date
X'tra Serv Dept (1)		
X'tra Serv Dept (2)		
X'tra Serv Dept (3)		

-- HR Office Use Only --

OK – within SUNY rules: _____ Initials

Approval/Disapproval

Provost/VP: _____ _____ ☐ Approved ☐ Disapproved

President/COO: _____ _____ ☐ Approved ☐ Disapproved

Employee: (1) Complete top sections and sign form, (2) obtain the rest of the information and signatures from appropriate parties, and (3) forward or deliver the form to the HR Office. A copy of the form will be sent to you as soon as HR has reviewed the request and the form has been approved/disapproved. If approved, HR will also notify you of the payment schedule and of your obligation regarding submission of extra service payment vouchers.

cc: Extra Service Unit Head(s); Primary/Home Unit Head; Requesting Employee, HR, and Payroll