FORM UP-8 (07/19)

## Request for Approval of Extra Service/Also Receives/Chair Stipend

**INSTRUCTIONS:** 

Parts 1 and 2 of this form are to be completed by the employee and submitted to the Supervisor for forwarding through administrative channels to the President of the campus for approval **PRIOR** to commencing extra service, chair stipend or also receives.

1. Employee Information												
Employee's Name (First Name, M.I., Last Name)				SUNYID			Cui	Current Title				
Site and Group			Email Address			Campus Phone Number			Current Salary			
2.	2. Extra Service/Also Receives/Chair Inform			ation: Extra Service				Also Receiv	res Chair Stipend			
Department/Agency			Campus Address (or complete mailing address if other State Agency)									
Beginning Date Ending Date		Days of the week the work will be performed:										
	ile Otention Time	Daile Facility Time			Tue			hurs. 🗆 Fr	ri.	☐ Sat.	☐ Sun.	
Daily Starting Time Daily Ending Time			Check the appropriate box regarding the use of time: <ul> <li>Will charge time</li> <li>Leave without</li> <li>No charge required</li> </ul>									
Brief Description of Work:				to accruals pay (after work hours)							ours)	
Total Compensation for this additional work will not exceed:\$												
	Account number to be charged: XXXXX											
This extra service/Also Receives/Chair stipend will not interfere with my normal obligations.												
Signature of Employee									Date			
3. Supervisory Approvals												
	Department Chair/Supervisor								Date			
Budget Department										Date		
Next Level Supervisor									Date			
Provost									Date	Date		
Senior Vice President/COO									Date	Date		
Human Resources Review							Date					
4.	Action by Chief Ad	ministrative Officer										
	□ Approved □ Disapproved											
	□ Approved with the following limitations:											
Interim President Designee Date												
			Payı	roll	Deadline:							