

SECTION 1- TO BE COMPLETED BY CURRENT SUPERVISOR

Name _____ Current Title _____

Department _____ Current Salary _____

Brief description of new/additional work to be performed (Be sure to include current job responsibilities and performance plan for justification)

Service Dates _____ to _____

Schedule of Services Rendered (days of week, hours of day) if applicable _____

Total Payment for service \$ _____ Bi-Weekly Lump Sum Account # _____

Signature (Current Chair/Supervisor) _____ Date _____

Signature (Director of Business Affairs) _____ Date _____

Signature (Vice President/Provost) _____ Date _____

SECTION 2- ACTION BY CHIEF ADMINISTRATIVE OFFICER

Approve Disapprove Approve with the following limitations _____

Signature (President) _____ Date _____

SECTION 3- ACTION BY HUMAN RESOURCES

Original: HR Official Personnel File Letter: Employee

Form Copy: Employee Letter Copy: HR Official Personnel File

Payroll _____

Current Chair/Supervisor Signature (Administrative Assistant) _____ Date _____

Completed by HR:

Line #: _____ SUNY HR PP#: _____

Signature (Payroll Examiner) _____ Date _____