UP-6 (Rev. 01/11)

## State University of New York University-Wide Human Resources Albany, New York 12246

## UP-6 Request for Approval of Extra Service for M/C Employee C2063-187

INSTRUCTIONS: Part I of this form is to be completed by the employee in an original plus three copies and submitted to the campus's Chief Administrative Officer for approval prior to commencing extra service. Two copies are then forwarded to the Director, University-Wide Human Resources in System Administration. The campus will retain one copy for its records. After approval is obtained from System Administration, a copy of the UP-6 will be sent directly to the Office of the State Comptroller with a copy back to the campus. The campus processing the approved appointment may then effect payment in accordance with the rules for extra service (upon receipt of vouchers) or concurrent appointment.

I.	To Be Completed	by Employee
Name	Last 4-digits of SSN:	Campus/Agency
Address		Title
Email Address		Current Salary
I request approval to render extra s basis to: At: (location of	service on a   part-time full-time	Agency:
employment)	For the period from:	Through:
Describe purpose of work:		
Total compensation for this a	dditional work will not exceed:	
This extra service will not int	erfere with my normal obligations to th	e University.
(da	te)	Signature of Requesting Employee
		11. 1 60
<u>II</u>	Action by Chief Ad	
II. □Approved	Action by Chief Ad	ministrative Officer  Disapproved
☐Approved ☐Approved with the		
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□Approved □Approved with the limitations:		□Disapproved
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☐Approved ☐Approved with the limitations:		□Disapproved
☐ Approved ☐ Approved with the limitations: ☐ (date)		□ Disapproved  Signature Chief Administrative Officer/Designee
☐ Approved ☐ Approved with the limitations: ☐ (date) ☐ (date) ☐ Approved	Action by System	□ Disapproved  Signature Chief Administrative Officer/Designee
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☐ Approved ☐ Approved with the limitations: ☐ (date) ☐ (date) ☐ Approved	Action by System	□ Disapproved  Signature Chief Administrative Officer/Designee
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