

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
BUREAU OF STATE PAYROLL SERVICES

DUAL EMPLOYMENT/EXTRA SERVICE APPROVAL FORM
REQUEST FOR APPROVAL TO SERVE WITH ANOTHER STATE AGENCY

SEND APPROVALS TO:
Office of the State Comptroller
Bureau of State Payroll Services

TO BE COMPLETED BY EMPLOYEE

PRESENT EMPLOYMENT:

Name..... Agency (where employed).....
Title Dept. ID
Last 4 Digits of Social Security Number

ADDITIONAL EMPLOYMENT REQUEST:

I request approval to render additional service to the.....
(Name of Agency) (Dept. ID)
at , for the period from through.....
(Location of Employment)
for the purpose of
(Brief Description of Work to be Performed)

- I do not render additional service in any other agency.
- I render additional service in another agency. The name of that agency is
..... Dept. ID.....

This requested additional service will not interfere with my regular duties.

Date Signature.....

ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE REGULARLY EMPLOYED

- *Approved Disapproved (Do not forward to Office of the State Comptroller)

Approved through

Approved with the following limitations:

This additional service will not interfere with the performance of the employee's regular duties.

.....
Name of Agency Department Head

Date By

*ALL APPROVALS WITHOUT A LIMITING DATE WILL EXPIRE
CLOSE OF BUSINESS ON MARCH 31st OF THE FISCAL YEAR.

.....
(Signature & Title of Authorized Designee)

A Signed Original of this Form Must Be Forwarded to the Bureau of State Payroll Services Before Payments Can Be Processed.