



Request for Approval of Extra Service Compensation

Employee Name: _____

Official Job Title: _____

Department: _____

☐ Faculty ☐ Professional

Type of Extra Service:

☐ Teaching ☐ Research ☐ Public Service ☐ Consulting ☐ Other: _____

Source of Funds for Extra Service Compensation:

☐ SUNY at Buffalo Unit: _____

☐ NYS Agency: _____

☐ Name of Outside Sponsor: _____

☐ RF ☐ UBF

Nature and Purpose of Performance: _____

Time and duration of Performance: _____

Total Amount of Payment: \$ _____

Specific Rationale for Rate of Compensation: _____

This service exceeds that normally expected of the employee and does not interfere with his/her regular responsibilities. The total amount of payment, in combination with other extra service payments already received or in process, will not exceed twenty percent of the employee's salary during the current year. *This request is in accord with the Policy and Procedures for Extra-Service Compensation, March 15, 1988.*

Signed:

Project Director

Date

*Office of Sponsored Programs**

Date

Chair/Department Head

Date

Dean/Director

Date

Provost or Vice President

Date

*If FSA, Controller's signature is needed. If other NYS agency no signature is needed.