

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

DUAL EMPLOYMENT/EXTRA SERVICE APPROVAL FORM

INTER AGENCY: Send inter agency approvals to the Office of the State Comptroller, Bureau of State Payroll Services.

INTRA AGENCY: Maintain intra agency approvals on file at the agency and have available for audit for at least three fiscal years beyond the appointments' end date.

TO BE COMPLETED BY EMPLOYEE	
PRESENT EMPLOYMENT:	
Name	Agency (where employed)
Title	Dept. ID.....
Email Address.....	NYS EMPLID
Primary Employment Work Schedule (Enter start and end times):	
Thurs: ___ to ___ Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___	
Thurs: ___ to ___ Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___	
ADDITIONAL EMPLOYMENT REQUEST:	
I request approval to render additional service to the (Name of Agency)..... (Dept ID).....	
at, for the period from through.....	
for the purpose of (Brief Description of Work to be Performed)	
.....	
Proposed Dual Employment/Extra Service Employment Work Schedule (Enter start and end times):	
Thurs: ___ to ___ Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___	
Thurs: ___ to ___ Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___	
<input type="checkbox"/> I do not render additional service in any other agency. <input type="checkbox"/> 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	By
ACTION BY HEAD OF DEPARTMENT OR AGENCY OF ADDITIONAL EMPLOYMENT	
REQUESTED:	
Begin Date: _____ End Date: _____ (No Later than March 31 of the current Fiscal Year).	
This additional service will not interfere with the performance of the employee's regular duties.	
Date	Additional Employment Department Head Signature
ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE PRESENTLY EMPLOYED	
<input type="checkbox"/> *Approved..... <input type="checkbox"/> Disapproved (Do <u>not</u> forward to Office of the State Comptroller)	
<input type="checkbox"/> Approved through	
<input type="checkbox"/> Approved with the following limitations:	
This additional service will not interfere with the performance of the employee's regular duties.	
Date (Signature & Title of Agency Department Head)
*ALL APPROVALS WILL EXPIRE CLOSE OF BUSINESS ON MARCH 31st OR EARLIER IF NOTED BY AN INVOLVED AGENCY.	
Date (Signature & Title of Immediate Supervisor)