

STATE OF NEW YORK
EXTRA SERVICE PAYROLL VOUCHER

Agency authorizing claim SUNY COLLEGE AT OSWEGO 28230
Agency Code P.R. Period

Name of employee _____

Agency in which regularly employed _____

Retirement Registration No. _____ Regular Position Title _____

Retirement Rate _____ Salary _____ Item No. _____

Social Security No. _____ Extra Service Position Title _____

Number of Tax Exemptions Claimed _____ Rate _____

The actual time of starting and finishing work must be shown.

DATE	TIME STARTED	TIME FINISHED	HOURS WORKED	DATE	TIME STARTED	TIME FINISHED	HOURS WORKED

TOTAL HOURS WORKED

TOTAL AMOUNT

I hereby certify that the above services were rendered to the State of New York on the dates and at the rates of compensation billed for a department or agency other than the one in which I am regularly employed; that the said services were performed while on vacation or outside of the office hours of the department or agency in which I am regularly employed; that the above bill is just, true and correct; and that no part thereof has been paid or satisfied.

Signatures:

Date _____ Employee _____

Date _____ Dept. Chairperson _____

Date _____ Dean (Arts & Sci or Prof St) _____

Date _____ Office of Provost (Acad) _____

Date _____ Dean of Cont. Ed. (IFR Fnds) _____

Date _____ Finance Office _____

EXTRA SERVICE FUNDS CHARGED TO ACCOUNT # _____