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 Age	Agency (where employed)		
Title De	Dept. ID		
Email Address NY	S EMPLID		
Primary Employment Work Schedule (Optional):			
Mon Tues Wed Thurs	Fri	Sat	Sun
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ADDITIONAL EMPLOYMENT REQUEST:			
I request approval to render additional service to the(Name of A			(Dent ID)
at, for the period from			
for the purpose of			
(Brief Description of Work to be Performed)			
	- 4		
Dual Employment/Extra Service Employment Work Schedule (
Mon Tues Wed Thurs	Fri	Sat	Sun
☐ I do not render additional service in any other agency.			
\Box 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.			
DateSignature			
-			
ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE REGULARLY EMPLOYED			
□ *Approved □ Disapproved (Do <u>not</u> 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.			
ponomanos en ano empregas e regular causer	I	Name of Agency Depar	tment Head
Date	Ву		
*ALL APPROVALS WITHOUT A LIMITING DATE WILL EXPIRE			
CLOSE OF BUSINESS ON MARCH 31st OF THE FISCAL YEAR	. (Sig	nature & Title of Author	rizea Designee)