

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 Robert T. Farley Agency (where employed) New York State Senate  
Title Senior Counsel Dept. ID.....  
Email Address bobfarley@bobfarley.org NYS EMPLID.....

Primary Employment Work Schedule (Enter start and end times): Full Time Employment

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) UAlbany (Dept ID).....  
at School of Business, for the period from 8/24/20 through 12/12/20  
for the purpose of (Brief Description of Work to be Performed) Teaching BLaw 220, BLaw 421/521 and BLaw 500 - All On Line

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 \_\_\_

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.

By Robert T. Farley

Date August 20, 2020

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

\*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.

Kristin L. Frank

(Signature & Title of Agency Department Head and Immediate Supervisor)  
Kristin Frank, Counsel to the Senate Minority

Date August 20, 2020

\*ALL APPROVALS WILL EXPIRE CLOSE OF BUSINESS ON  
MARCH 31st OR EARLIER IF NOTED BY AN INVOLVED AGENCY.