

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 Robert T. Farley Agency (where employed) NYS Senate
Title Senior Counsel Dept. ID Office of Minority Counsel
Email Address bobfarley@bobfarley.us NYS EMPLID _____

Primary Employment Work Schedule (Optional):

Mon Tues Wed Thurs Fri Sat Sun

ADDITIONAL EMPLOYMENT REQUEST:

I request approval to render additional service to the State University of New York
(Name of Agency) (Dept. ID)
at Albany, for the period from 08/26/19 through 12/17/19
for the purpose of teaching BLaw 421/421 - The Property
(Brief Description of Work to be Performed)

Dual Employment/Extra Service Employment Work Schedule (Optional):

Mon _____ Tues _____ Wed _____ Thurs 5:45-8:30pm Fri _____ Sat _____ Sun _____

- 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.

Date 08/05/19 Signature Robert T. Farley

ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE REGULARLY 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.

Date 08/05/19

NYS Senate, Office of Minority Counsel
Name of Agency Department Head

By Shawn MacKinnon, Program Director

*ALL APPROVALS WITHOUT A LIMITING DATE WILL EXPIRE
CLOSE OF BUSINESS ON MARCH 31st OF THE FISCAL YEAR.

[Signature]
(Signature Title of Authorized Designee)