

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..... Agency (where employed).....
Title Dept. ID.....
Email Address 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
(Name of Agency) (Dept. ID)
at, for the period from.....through

for the purpose of.....
(Brief Description of Work to be Performed)

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

Mon_____ Tues_____ Wed_____ Thurs_____ 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..... Signature.....

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.
.....
Name of Agency Department Head

Date..... By

*ALL APPROVALS WITHOUT A LIMITING DATE WILL EXPIRE
CLOSE OF BUSINESS ON MARCH 31st OF THE FISCAL YEAR.
(Signature & Title of Authorized Designee)