STATE OF NEW YORK
EXTRA SERVICE PAYROLL VOUCHER

SUNY COLLEGE AT OSWEGO

Agency authorizing claim................................................................. 28230

Name of Employee....................................................................................... 

Agency in which regularly employed .............................................................. 

Regular Position Title................................................................................. 

NYS ID Number .............................................................................................. 

Salary .............................................. Item No. ........................................ 

Extra Service Position Title ................................................................. Rate......................................................... 

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

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<tr>
<th>DATE</th>
<th>TIME STARTED</th>
<th>TIME FINISHED</th>
<th>HOURS WORKED</th>
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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 ........................................................................

Date .................. Office of the Provost (Acad) ......................................

Date .................. Dean of Extended Learning (IFR Funds) ........................

Date .................. Finance Office ..........................................................

EXTRA SERVICE FUNDS CHARGED TO ACCOUNT #...