

State of New York
OFFICE OF THE STATE COMPTROLLER

DUAL EMPLOYMENT/EXTRA SERVICE APPROVAL FORM

SEND APPROVALS TO:
Office of the State Comptroller
Bureau of Payroll Audit

REQUEST FOR APPROVAL TO SERVE WITH ANOTHER STATE AGENCY

TO BE COMPLETED BY EMPLOYEE

PRESENT EMPLOYMENT:

Name Agency (where employed)
Title Social Security Number

ADDITIONAL EMPLOYMENT REQUEST:

I request approval to render additional service to the
(Name of Agency)
at , for the period from through
(Location of Employment)
for the purpose of
(Brief Description of Work to be Performed)

I do not render additional service in any other agency.

I render additional service in another agency. The name of
that agency is

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 or Department Head

Date By

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

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(Signature & Title of Authorized Designee)