

STATE OF NEW YORK  
**EXTRA SERVICE PAYROLL VOUCHER**

Agency authorizing claim..... *SUNY COLLEGE AT OSWEGO* ..... 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.

DATE	TIME STARTED	TIME FINISHED	HOURS WORKED	DATE	TIME STARTED	TIME FINISHED	HOURS WORKED
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	

**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 #** .....