REQUEST FOR PRIOR APPROVAL OF EXTRA SERVICE COMPENSATION
(for supported graduate students only)

Student Employee’s Name: ________________________________

Student Employee’s Person Number: ________________________

Is Student Employee on F-1 or J-1 Visa Status? Yes: [ ] No: [ ]

Official State or RF Title of Primary Appointment: ________________________________

Department/Unit of Primary Appointment: ________________________________

Primary Department Contact Person: ________________________________

Department/Unit of Extra Service Appointment: ________________________________

Extra Service Department Contact Person: ________________________________

Type/Nature/Purpose of Extra Service for which Approval is Requested: ________________________________

Period/Duration of Extra Service: ________________________________

Total Amount of Extra Service Compensation: ________________________________

Will Total Work Effort/Obligation (Primary and Extra Service Appointments combined) exceed 20 hours per week? Yes: [ ] No: [ ]

REQUIRED APPROVALS: (Print name and add original signature in all cases)

(Chair/Director of Primary Appointment Unit)

Date: ________________________________

(Chair/Director of Extra Service Unit)

Date: ________________________________

Through our signatures above, we attest that the extra service assignment herein described is separate from, and in addition to, the duties/responsibilities of this student’s primary appointment and will not interfere with the discharge of the primary appointment. We also acknowledge that under federal law, international students on F-1 or J-1 visa status may not work more than a total of 20 hours per week while school is in session.

Unless otherwise indicated above, we attest that this employee’s total employment effort/obligation (i.e., the combination of his/her primary and extra service appointments) will not exceed 20 hours per week during the Fall and/or Spring semesters.

(Chair of Student’s Academic Department)

Date: ________________________________

(Academic Dean of Student’s College/School)

Date: ________________________________

(The Graduate School)

Date: ________________________________

Following its approval, the Graduate School will submit all forms to University Human Resources (120 Crofts Hall). To request a copy, please enter your name and UB address on the line below:

The Graduate School, August 2014