



## Request for Approval of Extra Service Compensation

Employee Name: \_\_\_\_\_

Official Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Faculty  Professional

Type of Extra Service:

Teaching  Research  Public Service  Consulting  Other: \_\_\_\_\_

Source of Funds for Extra Service Compensation:

SUNY at Buffalo Unit: \_\_\_\_\_

NYS Agency: \_\_\_\_\_

Name of Outside Sponsor: \_\_\_\_\_

RF  UBF

Nature and Purpose of Performance: \_\_\_\_\_

Time and duration of Performance: \_\_\_\_\_

Total Amount of Payment: \$ \_\_\_\_\_

Specific Rationale for Rate of Compensation: \_\_\_\_\_

\_\_\_\_\_

This service exceeds that normally expected of the employee and does not interfere with his/her regular responsibilities. The total amount of payment, in combination with other extra service payments already received or in process, will not exceed twenty percent of the employee's salary during the current year. *This request is in accord with the Policy and Procedures for Extra-Service Compensation, March 15, 1988.*

Signed:

\_\_\_\_\_

*Project Director*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Office of Sponsored Programs\**

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Chair/Department Head*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Dean/Director*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Provost or Vice President*

\_\_\_\_\_

*Date*

\*If FSA, Controller's signature is needed. If other NYS agency no signature is needed.