

ACADEMIC AFFAIRS REASSIGNMENT/EXTRA SERVICE REQUEST

Name
Department:
School or Unit: SEHHS: <input type="checkbox"/> SAS: <input type="checkbox"/> SOBM: <input type="checkbox"/> <input type="checkbox"/> Other Please identify:
<i>Reassignment from Teaching Request</i>
How many credits of teaching are being reassigned? :
Please provide a brief description identifying the reason for the reassignment, attach a position description to this form and disregard page 2:
How will the Credits be covered? Temporary instructor: <input type="checkbox"/> Course not offered: <input type="checkbox"/> Collegial Coverage: <input type="checkbox"/> <input type="checkbox"/> Other Please identify:
What account number and account name will the coverage come from:
Is this an ongoing/multi-semester reassignment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give a duration (max three years):
<i>Extra Service Compensation Request</i>
What account number and account name will the coverage come from: Amount:
Is this an ongoing/multi-semester reassignment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give a duration (max three years):
Please provide a brief description identifying the reason for extra service compensation, attach a position description to this form and complete page 2:

If this is a repeat request for a reassignment or Extra Service Compensation, please attach a brief summary or evaluation from the Chair or Dean about prior work performance.

AUTHORIZATION: I am in support of this extra service compensation or teaching reassignment because I believe that the work performed is extraordinary and falls outside of the normal service load for a faculty/staff member.

Faculty:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Chair:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Dean:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Vice President/Provost:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved

The College at Brockport Human Resources	EXTRA SERVICE APPROVAL FORM: OFFER & ACCEPTANCE Authorizations must be submitted and approved prior to the commencement of the extra service work. Once form is completed in full, the form should be routed to the Office of Human Resources. Incomplete forms will be returned.
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I. TO BE COMPLETED BY THE DEPARTMENT PAYING EXTRA SERVICE

EMPLOYEE DATA:

Name:	Employee SS# :
Budget Title:	E-Mail Address:
Home Address:	
Primary Department: Primary Supervisor: (If primary department is another state agency, see matrix.)	Extra Service Department: Extra Service Supervisor:
Describe in detail all additional service to be performed. Indicate days and times extra service will be performed:	
If additional service is teaching, list # of courses/course listing Fall: # list Spring: # list	

EXTRA SERVICE APPOINTMENT AND COMPENSATION OFFER:

Total Stipend or Maximum Amount Authorized:	Number of Payments:	Begin Date	End Date	Account Number: <input type="checkbox"/> Instructional or <input type="checkbox"/> Non-Instructional
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II. TO BE COMPLETED BY EMPLOYEE

ACCEPTANCE OF OFFERED TEMPORARY EXTRA SERVICE:

I accept the foregoing appointment as offered by the State University of New York College at Brockport. If I am employed at another SUNY or State Agency, I agree to complete in full the forms applicable to my appointment, i.e., a dual employment form, UP-8, or UP-6 form; plus forms I-9, W4, IT-2109 and a retirement information form. I understand that failure to comply with completion of forms will result in delayed payment and if only one payment is requested, the payment can only be made after the work is completed. **The hours worked will be outside my normal work schedule or normal obligation to my department.**

ACCEPTED: (Employee's Signature)	Date:
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III. APPROVALS

AUTHORIZATION:

By affixing our signatures below, we certify that the extra compensation requested is for work that is above and beyond normal duties and responsibilities and that such extra work will not interfere with the employee's regular obligation or this department's ability to meet its regular professional obligations to the Campus. We also certify that the service will not exceed the equivalent of 10% of the employee's base salary for a semester or 20% for an academic year for employees having academic year obligations, or 20% for the full year for employees with calendar year obligations.

Extra Service Supervisor:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Primary Supervisor: (NOT applicable if primary department is another state agency OR ES Supervisor is same as Primary Supervisor)	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Dean:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Vice President/Provost: (Provost signature not needed for teaching)	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved

HR & Payroll Use Only: PayServ Initials _____ Date _____ SUNY HR Initials _____ Date _____
 _____ Copies: Employee Dept(s) OSC Payroll Personnel File

Notes: _____
 Payroll Record of Payments (Check Dates): _____