

**Form #11**  
(Extra Service/  
Also Receives)  
  
*Revised 5/04 YELLOW ORIGINAL*

# Request for Approval of Extra Service or Also Receives (SUNY Cortland employees – payment for services rendered to SUNY Cortland)

- Extra Service (services rendered outside current department/position)  
 Also Receives (overload or additional duties within current department/position)

**SECTION 1: TO BE COMPLETED BY EMPLOYEE & APPROVED BY CURRENT SUPERVISOR (prior to commencement of additional service)**

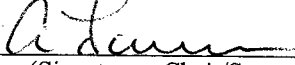
Name: Lin Lin Current Title: Assistant Professor

Department Childhood/Early Childhood Education Current Salary: \$48,664.00

Description of service to be provided: Advisement of 10 undergraduate students

Service Dates: Fall 2008 To: \_\_\_\_\_

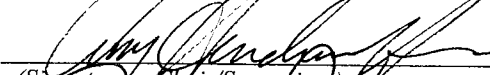
Schedule of Services rendered (days of week; hours of day): TBD

  
(Signature – Chair/Supervisor)

10/21/08  
(Date)

**SECTION 2: TO BE COMPLETED BY SUPERVISOR OF EXTRA SERVICE or ALSO RECEIVES**


Total payment for service: \$208.33 (for fall 2008 semester) Payable:  Biweekly  Lump Sum RF Account #: 1017139-6-41373 Type of Service:  Instructional  Non-Instructional  
 \*\* Plus 88.89 Fringe = \$297.22

  
(Signature – Chair/Supervisor)

10/29/08  
(Date)

  
(Signature – Dean/Next Level Supervisor)

10-23-08  
(Date)

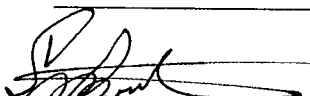
  
(Signature – Vice President)

NOV 13 2008  
(Date)

Completed by HR:  
Line #: \_\_\_\_\_  
Title: \_\_\_\_\_

**SECTION 3: ACTION BY CHIEF ADMINISTRATIVE OFFICER**

- Approved  Disapproved  
 Approved with the following limitations: \_\_\_\_\_

  
(Signature – President)

11/4/08  
(Date)

Original:  HR  
Copy:  Employee

Payroll Verification:  
By: \_\_\_\_\_ Date: \_\_\_\_\_

Business Verification:  
By: \_\_\_\_\_ Date: \_\_\_\_\_