

STATE OF NEW YORK  
OFFICE OF THE STATE COMPTROLLER  
BUREAU OF STATE PAYROLL SERVICES

**DUAL EMPLOYMENT/EXTRA SERVICE APPROVAL FORM**  
**REQUEST FOR APPROVAL TO SERVE WITH ANOTHER STATE AGENCY**

SEND APPROVALS TO: Office of the State Comptroller, Bureau of State Payroll Services

**TO BE COMPLETED BY EMPLOYEE**

**PRESENT EMPLOYMENT:**

Name..... Agency (where employed).....  
Title ..... Dept. ID.....  
Email Address ..... NYS EMPLID .....

**Primary Employment Work Schedule (Optional):**

Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_ Sat\_\_\_\_\_ Sun\_\_\_\_\_

**ADDITIONAL EMPLOYMENT REQUEST:**

I request approval to render additional service to the .....  
(Name of Agency) (Dept. ID)  
at ....., for the period from.....through .....

for the purpose of.....  
(Brief Description of Work to be Performed)

**Dual Employment/Extra Service Employment Work Schedule (Optional):**

Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_ Sat\_\_\_\_\_ Sun\_\_\_\_\_

- I do not render additional service in any other agency.
- I render additional service in another agency. The name of that agency is  
..... Dept. ID .....

This requested additional service will not interfere with my regular duties.

Date..... Signature.....

**ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE REGULARLY EMPLOYED**

- \*Approved .....
- Disapproved (Do not forward to Office of the State Comptroller)
- Approved through .....
- Approved with the following limitations: .....

This additional service will not interfere with the performance of the employee's regular duties.  
.....  
Name of Agency Department Head

Date..... By .....

\*ALL APPROVALS WITHOUT A LIMITING DATE WILL EXPIRE  
CLOSE OF BUSINESS ON MARCH 31st OF THE FISCAL YEAR. ....  
(Signature & Title of Authorized Designee)