

**RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK  
EXTRA SERVICE COMPENSATION APPROVAL FORM**

Full Name  Title

Department  Operating Location

SUNY Employee       Research Foundation Employee

**SERVICE PERFORMED FOR**

Department

Will the extra service be paid from a sponsored award?     Yes     No

If yes, list sponsor:

If yes, check appropriate sponsor type:     Federal     Non-Federal

Please refer to the Research Foundation policy *Assigning Extra Service* for additional restrictions on federally funded awards.

Dates Service will be performed        to   

Provide a description of services and how the work is different from or in addition to individual's regular departmental load and does not interfere with the employee's regular professional obligations.

Describe how the work benefits the sponsored project, or university if RF funded.

Institutional Base Salary (IBS):  Extra Service Amount:  % of IBS:

Cumulative estimate for all extra service payments for the fiscal year or academic year (total all payments and/or requests, including this request):

If employee's total extra service compensation will exceed 20% of their [institutional base salary](#), additional approval is required. Requests over 20% will be approved on a case-by-case basis per Research Foundation policy.

Describe the circumstances that require total compensation above 20%:

**SIGNATURES**

By signing below, I certify that I have read and understand the [Assigning Extra Service Policy](#) and the extra service is in compliance with Research Foundation policy, including that work is different from the base obligation and has been approved in accordance with sponsor requirements.

\_\_\_\_\_  
**Employee**  
**Extra service will not interfere with primary appointment.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Home Department/Primary Supervisor**  
**Extra service will not interfere with primary appointment.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Extra Service Department/Primary Supervisor (if different)**  
**Ensure extra service work will be completed.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Research Foundation Operations Manager or designee**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Additional campus signature if required**

**Title**

\_\_\_\_\_  
Date

Additional approvals required for a) Research Foundation Operations Managers receiving extra service and b) all requests exceeding 20%:

\_\_\_\_\_  
**Location President or designee**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Research Foundation President or designee**

\_\_\_\_\_  
Date