

STATE OF NEW YORK
EXTRA SERVICE PAYROLL VOUCHER

Name of Employee _____ Social Security Number _____

Regular Position Title _____ Line # _____

Extra Service Agency/Department _____ (Agency Code) _____

Extra Service Position Title _____ Rate _____

The actual time of starting and finishing work must be shown.

DATE	TIME STARTED	TIME FINISHED	HOURS WORKED	DATE	TIME STARTED	TIME FINISHED	HOURS WORKED
	A.M P.M	A.M P.M			A.M P.M	A.M P.M	
	A.M P.M	A.M P.M			A.M P.M	A.M P.M	
	A.M P.M	A.M P.M			A.M P.M	A.M P.M	
	A.M P.M	A.M P.M			A.M P.M	A.M P.M	
	A.M P.M	A.M P.M			A.M P.M	A.M P.M	
	A.M P.M	A.M P.M			A.M P.M	A.M P.M	
	A.M P.M	A.M P.M			A.M P.M	A.M P.M	
	A.M P.M	A.M P.M			A.M P.M	A.M P.M	
	A.M P.M	A.M P.M			A.M P.M	A.M P.M	

TOTAL HOURS WORKED

TOTAL AMOUNT

I hereby certify that the above services were rendered to the State of New York on the dates and at the rates of compensation billed for a department or agency other than the one in which I am regularly employed; that the said services were preformed while on vacation or outside of the office hours of the department or agency in which I am regularly employed; that the above bill is just, true and correct; and that no part thereof has been paid or satisfied.

Date _____ Employee Signature _____

Date _____ Extra Service Dept Approval _____