

Request for Approval of Also Receives or Extra Service – UUP employee

Full approval required prior to the commencement of work

For SUNY Cortland employees rendering additional service to SUNY Cortland

- ☐ Also Receives (ALR) (work in addition to and concurrent with primary obligation/work hours)
☐ Extra Service (ES) (services distinctly rendered outside of primary obligation/work hours, including faculty course overload)

Before completion, please review our additional compensation policies [here](#).

SECTION I: TO BE COMPLETED BY SUPERVISOR OF THE ADDITIONAL WORK IN CONSULTATION WITH EMPLOYEE:

Employee:	_____	Current Title:	_____
Primary Department:	_____	Primary Supervisor:	_____
Add'l Work Department:	_____	Add'l Work Supervisor:	_____

What is the employee's current obligation/work hours, or for faculty, their current workload (including any current course releases) and specific schedule of instructional load for the period of time covering this ALR/ES?

Provide detailed description and schedule (i.e. instructional schedule or specific dates and times of work to be completed) of the additional service to be provided .

Describe the need for the additional assignment. For courses, please include expected enrollment and enrollments of other sections.

If not clearly quantified or tied to a specific schedule in the section above, what is the expected average time commitment to complete the additional assignment? Be specific.

Professional employees: Is the additional assignment instructional such as COR 101 or another class or lab? ☐ Yes ☐ No

If yes, does the instructional schedule overlap with typical obligation/work hours? ☐ Yes ☐ No

If yes, provide a schedule detailing how/when the employee will make any hours of work that interferes with their regular obligation and how they will be recorded with supervisor.

Form 11uup (8/2022)

SECTION 2: ADDITIONAL ASSIGNMENT SERVICE AND COMPENSATION:

Service Dates (open ended dates will be reviewed by HR at 6 months) Maximum of one year will be approved			_____	To: _____
ALR/ES Compensation:	\$ _____	Amount Represents: ☐ Biweekly Amount ☐ Total for Service ☐ Hourly ☐ Per delivery	Account #: _____	Type of Service: ☐ Instructional ☐ Non-Instructional
ALR/ES rate determination:	☐ Adjunct salary guidelines ☐ Temporary Salary Increase for Professionals policy ☐ Hourly or "per delivery" rate _____			
Employee Base Annual Salary:	\$ _____	Additional salary percent of base annual salary?	_____%	HR/Payroll Verification: % verification for AY or CY: Verified by: _____ Date: _____

SECTION 3: EMPLOYEE AGREEMENT AND PRIMARY DEPARTMENT APPROVAL:

_____ (Signature – Employee: Certifies work will not interfere with normal obligation to the university)	_____ (Date)
_____ (Signature – Primary obligation immediate supervisor)	_____ (Date)

SECTION 4: ADDITIONAL SERVICE DEPARTMENT/ORGANIZATIONAL UNIT APPROVAL

_____ (Signature – Chair/Director - Supervisor of add'l work)	_____ (Date)
_____ (Signature – Next level supervisor of add'l work – if applicable)	_____ (Date)
_____ (Signature – AVP/Dean)	_____ (Date)
_____ (Signature – VP and President's designee)	_____ (Date)

Completed by HR:	
Line #:	_____
Title:	_____
PR Dates:	_____
# pmts:	_____

SECTION 5: ACTION BY PRESIDENT *ONLY NEEDED IF AN ALR AMOUNT EXCEEDS 20% OF ANNUALIZED SALARY

☐ Approved	☐ Disapproved
_____ (Signature – President)	_____ (Date)

Section 6: RECORD MANAGEMENT

1 - Payroll Review by: _____ Date: _____ ES Voucher req'd Y / N If yes, date sent to empl. and supv: _____

2 - Budget Review by: _____ Date: _____

Distribution: HR for processing (original)
E-Copy: Employee, Primary Supervisor, ES Supervisor