

How to Complete the Extra Service Voucher

Bolded Fields with asterisk: Indicate mandatory to complete or payment may be delayed

FIELD:	DEFINITION:
*Agency Authorizing Claim	Agency authorizing extra service. A SUNY is an agency; a department is not. If Brockport is paying the claim, enter SUNY Brockport here.
Agency Code:	Numerical number identifying a state agency's payrolls. Brockport state employees: 28150 GATAs: 28159
PR Period	Payroll in which voucher will be paid. This is okay to leave blank – HR can enter correct PR Period
*Name of Employee	Enter this exactly as it appears on employee's Social Security card
*Agency in which regularly employed	Agency of employee's primary employment. If extra service is performed here and employee's primary appointment is here – enter SUNY Brockport. If employee's primary appointment is another SUNY or state agency – enter this here. A SUNY is an agency; a department is not.
Regular position item #	Line number assigned to the employee's primary appointment. This is okay to leave blank – HR can enter provide item #.
Retirement #	Numerical number assigned to employee's retirement contracts. This is okay to leave blank
Retirement Rate	Employee contribution to retirement. This is okay to leave blank
*Social Security #	Field mandatory – must enter SS number. Last 4 digits only if current/returning employee.
Nbr of exemptions	Number of exemptions currently being claimed according to W-4 they have filed. This is okay to leave blank. If you would like exemptions changed for Extra Service payment, please contact the Payroll Office.
*Regular Title	Budget Title
*Salary	Current salary
*Extra Service Title	Local title given as comparable to extra service assignment. If unknown, clarify with your department.
*Extra Service Rate	Rate of pay: hourly rate or fee amount expected to be paid from this voucher
*Date	Enter dates worked
*Start time	Enter each start time
*Finish time	Enter each finish time
*Hours worked	Enter number of hours worked between start and finish time
*Total Hours worked	Total the hours, enter here
*Total Amount	If hourly, multiply hourly rate by total hours worked. If fee payment, this field should match the ES Rate (pay) field.
*Date	Enter today's date
*Employee's name and signature	Sign here.
*Primary Supervisor and signature	The employee's primary supervisor must sign her.
*Extra Service Supervisor and signature	The employee's extra service supervisor must sign here.