AC873 (Rev. 4/91)

State of New York

Extra Service Payroll Voucher

Agency authorizing claim: Agency code: PR Period:

Name of employee:

Agency in which regularly employed: Agency code:

Regular position item#:

Retirement#		Regular Title	
Retirement Rate		Salary	
SS#		ES Title	
Nbr of exemptions		ES Rate (pay)	

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

Date	Start Time	Finish Time	Hours Worked

Date	Start Time	Finish Time	Hours Worked

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 performed 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 hereof has been previously paid or satisfied.

Date Employee's Name Employee's Signature