

STATE OF NEW YORK  
OFFICE OF THE STATE COMPTROLLER  
BUREAU OF STATE PAYROLL SERVICES

**DUAL EMPLOYMENT/EXTRA SERVICE APPROVAL FORM**  
**REQUEST FOR APPROVAL TO SERVE WITH ANOTHER STATE AGENCY**

SEND APPROVALS TO:  
Office of the State Comptroller  
Bureau of State Payroll Services

**TO BE COMPLETED BY EMPLOYEE**

**PRESENT EMPLOYMENT:**

Name..... Agency (where employed).....  
Title ..... Dept. ID .....  
Email Address ..... NYS EMPLID.....

**ADDITIONAL EMPLOYMENT REQUEST:**

I request approval to render additional service to the..... (Name of Agency) ..... (Dept. ID) .....  
at ..... (Location of Employment) , for the period from ..... through .....  
for the purpose of ..... (Brief Description of Work to be Performed)

- I do not render additional service in any other agency.
- I render additional service in another agency. The name of that agency is  
..... Dept. ID.....

This requested additional service will not interfere with my regular duties.

Date..... Signature.....

**ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE REGULARLY EMPLOYED**

- \*Approved  Disapproved (Do not forward to Office of the State Comptroller)

Approved through .....

Approved with the following limitations: .....

This additional service will not interfere with the performance of the employee's regular duties.

.....  
Name of Agency Department Head

Date..... By.....

\*ALL APPROVALS WITHOUT A LIMITING DATE WILL EXPIRE  
CLOSE OF BUSINESS ON MARCH 31st OF THE FISCAL YEAR.

.....  
(Signature & Title of Authorized Designee)