

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

EXTRA SERVICE PAYROLL VOUCHER

Agency authorizing claim..... Dept. ID P.R. Period

Name of Employee

Agency in which regularly employed Dept. ID

Retirement Registration No. Regular Position Title

Retirement Rate Salary Item No.

NYS EMPLID..... Extra Service Position Title

Number of Tax Exemptions Claimed 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.	
	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 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 thereof has been paid or satisfied.

Date Employee Signature

This form must be retained in the Agency payroll office and be made available upon request by the Office of the State Comptroller.