|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Extra Service Approval Form** | **OFFER AND ACCEPTANCE: Authorizations *must be submitted and approved PRIOR* to the commencement of the extra service work. Return completed, approved forms to Human Resources. Incomplete forms will be returned.** | | | | | | | | | |
| I. TO BE COMPLETED BY DEPARTMENT PAYING FOR EXTRA SERVICE | | | | | | | | | | |
| EMPLOYEE INFORMATION: | | | | | | | | | | |
| Name: | | | | | Budget Title: | | | | Base Salary: | |
| Primary Department: | | | | | | Extra Service Department: | | | | |
| **EXTRA SERVICE APPOINTMENT AND COMPENSATION OFFER:** | | | | | | | | | | |
| Please describe additional work to be performed above and beyond the employee’s professional obligation for this extra service appointment (Refer to the [Extra Service policy](https://www.geneseo.edu/sites/default/files/sites/hr/HR%20Policies/ES%20Policy_5_2020.doc) for what constitutes extra service): | | | | | | | | | | |
| Why is this extra service appointment necessary? | | | | | | | | | | |
| Which of the following SUNY Criteria does this extra service appointment meet?   **Staff: Health and Safety**Critical extra service should be prioritized as a last resort. Can other arrangements, staff, reassignments be considered vs extra service?   **Faculty: Instruction and Research** Critical extra service can be considered if they are in high-needs, high enrollment and research growth areas as demonstrated by enrollment applications and research award.  **Staff: Student Facing Experience** Critical extra service can be considered if they are in areas that would aid in student retention, recruitment, or service.  **Staff: Managerial/Operational** Critical extra service should be prioritized if the workload is for compliance needs or critical strategic needs.  **Faculty and Staff: Revenue Generating** Critical extra service should be prioritized if revenue generation is known (in other words, a grant is already identified and in hand or is a fundraiser that comes with an established portfolio). Care should be given, and scrutiny done, to not approve based on the hope of revenue generation. | | | | | | | | | | |
| **Total Stipend Amount:** | | | **Begin Date:** | | | | **End Date:** | | | |
| **Account Number:** | | | **Funding Source Information:**  Grant/External  Foundation  IFR  State | | | | | | | |
| **II. EMPLOYEE ACCEPTANCE OF TEMPORARY EXTRA SERVICE APPOINTMENT** | | | | | | | | | | |
| I certify that no work was performed prior to this extra service approval form being completed and approved. \_\_\_\_\_(Initials)  I certify I accept the foregoing appointment as offered by SUNY Geneseo. In accepting this appointment, I agree to comply with and support all Federal and State laws and all SUNY Geneseo policies. I understand that failure to comply with completion of forms will result in delayed payment until Human Resources is in receipt of correct completed forms. I am required to provide a work log within three business days if so requested. I understand that payment can only be made after work is completed. | | | | | | | | | | |
| ACCEPTED: (Employee’s Signature) | |  | | | | | | Date: | | |
| III. AUTHORIZATION AND APPROVALS | | | | | | | | | | |
| By affixing our signatures below, we certify that ***no work was completed prior to this extra service form being completed and approved*** and that the extra compensation requested is for work that is above and beyond normal duties and responsibilities and that such extra work will not interfere with the employee’s regular obligation or this department’s ability to meet its regular professional obligations to the campus. If this is an extra service appointment, we also certify that the service will not exceed the equivalent of 10% of the employee’s base salary for a semester or 20% for an academic year for employees having academic year obligations, or 20% for the full year for employees with calendar year obligations. | | | | | | | | | | |
| **Extra Service Supervisor**: | | | |  | | | Date: | Approved | | Disapproved |
| **Primary Supervisor**: (NOT applicable if Extra Service is same as Primary Supervisor) | | | |  | | | Date: | Approved | | Disapproved |
| **Dean** (if applicable)**:** | | | |  | | | Date: | Approved | | Disapproved |
| **Cabinet-level Administrator:** | | | |  | | | Date: | Approved | | Disapproved |
| SUNY HR: Initials \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ PR Dates \_\_\_\_\_\_\_\_\_\_ # of payments \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

*Faculty Extra Service Compensation Guidelines*

During the regular academic obligation period, aside from normal teaching load, scholarship and service, the following service activities are examples of components of a ***faculty member’s professional obligation****,* but are not limited to:

* Student/academic advisement
* Mentoring new faculty
* Mentoring of students in research
* Assessment and periodic program review activities
* Proctoring exams/guest lecturing for other faculty
* Grading exams and papers
* Occasional (short-term) instruction to fill-in for colleagues when necessary
* Participation in *ad hoc* service activities (recruitment efforts, registration, campus functions, search committees, etc.)
* Activities related to securing and maintaining accreditations
* College committee service
* Trainings related to regular professional obligation and professional development

Accordingly, these duties should typically be performed without extra service compensation. In rare, exceptional cases, additional course load may exceed what can be reasonably accommodated in the faculty member’s work schedule and may constitute a “work overload” for which extra service compensation or other work load adjustments are justified.