Report of Overtime Meal Allowance
SUNY Health Science Center at Brooklyn
Payroll/Time & Attendance - Box 10

Date:　　　　　Page　　　of

Department:　　　　　Function Code:　　　　　Payroll Period: From　　　　　Ending　　　　　Neg. Unit

Last Name	First Name	Social Security Number	Title	F/C	Overtime Date	Regular Hours	Regular Days Off	Overtime Hours	$ Amount Requested

I HAVE VERIFIED THE ACCURACY OF THIS REPORT TO THE EMPLOYEE(S) TIME SHEET(S) SUBMITTED TO THE PAYROLL OFFICE.

Authorized Signature　　　　　Date　　　　　Extension