SUNY
Cobleskill
State University of New York
College of Agriculture and Technology
Cobleskill, NY 12043

OVERTIME AUTHORIZATION

The following overtime work was authorized by the undersigned, in order to:

_____
_____
_____
_____
_____
_____

Person's performing overtime who are eligible for the paid overtime are:

NAME	DATES	TOTAL HOURS	MEAL ALLOWANCE

Please submit this form to the Payroll Office with current timesheet(s).

_____ _____
Supervisor **Date**

Please note that payment <u>will not</u> be made without the receipt of this form.