SUNY GENESEO

OVERTIME AUTHORIZATION

Please submit to the Personnel Office within 48 hours following the completion of the pay period.

The following overtime was authorized by the undersigned for the purpose of:

_____

_____

LINE #	NAME	DATE	HOURS	OT MEAL	For Payroll use only OT RATE	TOTAL AMOUNT

_____ Supervisor's Signature

_____ Date

_____ Personnel Director

_____ Date

7/24/97