LINA GROUP OF COMPANIES
MEAL & OVERTIME AUTHORIZATION FORM

COMPANY : _____ **Dept/Location :** _____
Name : _____ **Pay Period :** _____
Emp No : _____ **Date Submitted :** _____
Schedule : _____ **Position :** _____
Date hired : _____

	DATE	TIME IN	TIME OUT	OT Filed ( )Rank & File ( )Spvsr			# OT HRS 1st 4hrs or under	# OT HRS in excess of 4	TOTAL	Meals	Boss Intial
				From	To						
1	16									1 / 2	
2	17									1 / 2	
3	18									1 / 2	
4	19									1 / 2	
5	20									1 / 2	
6	21									1 / 2	
7	22									1 / 2	
8	23									1 / 2	
9	24									1 / 2	
10	25									1 / 2	
11	26									1 / 2	
12	27									1 / 2	
13	28									1 / 2	
14	29									1 / 2	
15	30									1 / 2	
	31									1 / 2	
TOTAL						TOTAL :	0		0		

Note: Pls encircle corresponding meal allowance and always indicate covered pay period

Prepared by :   Noted by :   Approved by :

MEAL	Payroll use only
OT	

_____   _____   _____
Signature & over printed name   *Signature & over printed name*   *Signature & over printed name*

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