

UPSTATE

MEDICAL UNIVERSITY

Agency Name: _____

Date: _____

To Whom it May Concern:

Due to operational needs, your employee, _____ had my permission to work through their lunch break on the following dates (please list all dates within this pay period that, with permission, lunch was not taken):

Please pay per the attached timecard & bill accordingly.

Thank you,

Supervisor Name (printed)

Signature