

PR #/WD: _____

Certification for Compensation (Meals)

I certify that, on the date(s) and during the hours indicated below, I was required to work overtime for which I am now claiming compensation in accordance with _____ (section/article) of the Agreement for BU No. _____ (indicate BU Code), or DHRD's Rules and Regulations _____ (check here, if applicable).

| <u>Type of Payment</u> | <u>Date/Time Worked</u> | <u>Amount</u> |
|------------------------|-------------------------|---------------|
| Breakfast | _____ | \$ _____ |
| Lunch | _____ | \$ _____ |
| Dinner | _____ | \$ _____ |
| TOTAL (M): | | \$ _____ |

Print/Type Employee Name UH Employee ID # KFS Account Code

Employee Signature Date

Authorized Department Signature Date

Fiscal Administrator Signature Date