

OVERTIME AUTHORIZATION

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

MCC New York

(Institution Location)

To [REDACTED]
(Name of Employee)

5 August , 2019

Day of Week: Monday Date: 5 August , 2019
Starting: 1500 Approximate period: 90 minutes

Purpose: Project planning and administrative duties

Reasons work cannot be accomplished during regular tours of duty:

Shortage of administrative staff

Warden or Authorized Supervisor

In accordance with above authorization I certify I worked the following overtime:

Day of Week: Monday Date: 5 August , 2019
Starting: 1500 Approximate period: 90 minutes

and request: Overtime Pay xxxxxxxxxxxx

Compensatory Time [REDACTED] [REDACTED]

(Signature of Employee)

Time verified _____ (supervisor's initial)

(To be used where not authorized
in advance by Warden)

Approved:

Warden

Instructions:

- (1) Where several employees authorized, use reverse side and insert in space for "name of employee" the words 'per names and periods on reverse side.'
- (2) "Authorized Supervisor" in accordance with written delegation of authority at institutional level per regulations.
- (3) To be prepared in Original only, processed in accordance with institutional regulations and filed in payroll folder.

***When employee signs he/she should indicate "P" for Overtime Pay or "C" for Com pensatory time**

END FORM