

MCC New York

(Institution Location)

5 August 2019

To \_\_\_\_\_  
(Name of Employee)

You are authorized to work overtime as follows:

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 XXXXXXXXXX

Compensatory Time

(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.

[illegible]

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