

OVERTIME AUTHORIZATION

MCC NEW YORK
(Institution Location)

To _____, 19 AUGUST, 2019
(Name of Employee)

You are authorized to work overtime as follows:

Day of Week: SATURDAY Date: 10 AUGUST, 2019

Starting: 10:00 AM Approximate period: 420 10:00 AM TO 5:00 PM minutes

Purpose: DUE TO INSTITUTIONAL EMERGENCY

Reasons work cannot be accomplished during regular tours of duty: DUE TO INSTITUTIONAL EMERGENCY

Warden or Authorized Supervisor

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

Day of Week: SATURDAY Date: 10 AUGUST, 2019

Starting: 10:00 AM Approximate period: 420 10:00 AM TO 5:00 PM minutes

and request: Overtime Pay _____

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.

