

MCC NEW YORK FOOD SERVICE DEPARTMENT ROSTER

3rd Quarter 2019

PAY PERIOD 16  
August 4 - August 17, 2019

DAY	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
	4	5	6	7	8	9	10	11	12	13	14	15	16	17
PSA ██████████	OFF	6:30 2:30	6:30 2:30	6:30 2:30	6:30 2:30	6:30 2:30	OFF 12:30 1:00	OFF	6:30 2:30 5:30	6:30 2:30 3:30	6:30 2:30 6:00	6:30 2:30 5:00	6:30 2:30 AL	OFF
ADMIN. ASST. Vacant	OFF	6:00 2:00	6:00 2:00	6:00 2:00	6:00 2:00	6:00 2:00	OFF	OFF	6:00 2:00	6:00 2:00	6:00 2:00	6:00 2:00	6:00 2:00	OFF
MATERIAL HANDLER ██████████	OFF	6:00 2:00 3OT	6:00 2:00	6:00 2:00	6:00 2:00	6:00 2:00 1OT	OFF	OFF	6:00 2:00 3OT	6:00 2:00 1OT	6:00 2:00 4OT	6:00 2:00	6:00 2:00	OFF 8OT
	5:00 1:00	5:00 1:00	5:00 1:00	5:00 1:00	5:00 1:00	OFF	OFF	5:00 1:00 AL	5:00 1:00 AL	5:00 1:00 AL	5:00 1:00 AL	5:00 1:00 AL	OFF	OFF
AM CARTS ██████████	OFF	OFF	5:00 1:00	5:00 1:00	5:00 1:00	5:00 1:00	5:00 1:00	OFF	OFF	5:00 1:00	5:00 1:00	5:00 1:00	5:00 1:00	5:00 1:00
PREP ██████████	11:00 7:00 RA	11:00 7:00 RA	11:00 7:00 RA	11:00 7:00 RA	11:00 7:00 RA	OFF	OFF	11:00 7:00 RA	11:00 7:00 RA	11:00 7:00 RA	11:00 7:00 RA	11:00 7:00 RA	OFF	OFF
CARTS ██████████	OFF	OFF	12:00 8:00	12:00 8:00	12:00 8:00	12:00 8:00	12:00 8:00	OFF	OFF	12:00 8:00	12:00 8:00	12:00 8:00	12:00 8:00	12:00 8:00
RELEIF ██████████	11:00 7:00 AL	11:00 7:00	OFF	OFF	11:00 7:00	11:00 7:00	11:00 7:00	11:00 7:00	11:00 7:00 5:00 am 6OT	OFF	OFF	11:00 7:00	11:00 7:00	11:00 7:00
SICK & ANNUAL ██████████	5:00 1:00	5:00 1:00 1-7 OT	11:00 7:00	OFF	OFF	5:00 1:00	5:00 1:00	5:00 1:00	5:00 1:00	11:00 7:00	OFF	OFF	5:00 1:00	5:00 1:00

OVERTIME:  
 Sunday, Aug 4, 2019, 1100-1900 hours, ██████████  
 Monday, Aug 5, 2019, 1100-1900 hours, ██████████  
 Sunday, Aug 11, 2019, 0500 - 1300 hours, ██████████  
 Monday, Aug 12, 2019, 0500 - 1300 hours, ██████████  
 Tuesday, Aug 13, 0500 - 1300 hours, ██████████  
 Wednesday, Aug 14, 2019, 1100-1900 hours, ██████████  
 Sunday, Aug 4, 2019, 1100-1900 hours, ██████████  
 Wednesday, Aug 7, 2019, 1100-1900 hours, ██████████  
 Sunday, Aug 11, 2019, 1100-1900 hours, ██████████  
 Monday, Aug 12, 2019, 1100-1900 hours, ██████████  
 Wednesday, Aug 14, 2019, 0500 - 1300 hours, ██████████  
 Thursday, Aug 15, 2019, 0500 - 1300 hours, ██████████

Food Service Administrator:

Union Representative:



EMPLOYEE: Boney, B.

PP: 16/2019

SHIFT: D/W

DAYS OFF: Wed/Thurs.

Week 1	0500 1300	0500 1300	1100 1900			0500 1300	0500 1300				0500 1300	0500 1300	1100 1900			0500 1300	0500 1300	Week 2
	S	M	T	W	TH	FR	S	CODE	TYPE OF DUTY	CODE	S	M	T	W	TH	FR	S	
DATE	8	8	8	8	8	8	8				8	8	8	8	8	8	8	DAT
	4	5	6	7	8	9	10				11	12	13	14	15	16	17	
		8	8			8	8	01/1	REGULAR / SH1	01/1		8	8			8	8	
								01/2	REGULAR / SH2	01/2								
								01/3	REGULAR / SH3	01/3								
	8							04/1	SUNDAY / SH1	04/1	8							
								04/2	SUNDAY / SH2	04/2								
								04/3	SUNDAY / SH3	04/3								
								61	ANNUAL LV	61								
								62	SICK LV	62								
								62/62	SICK LEAVE -FFLA	62/62								
								61/66	Time Off Award	61/66								
								64	COMP USED	64								
								66	HOLIDAY OFF	66								
		6						21	OVERTIME	21	6	6	6	8				
								32	COMP EARNED	32								
								66/1	HOLIDAY OFF/SH1	66/1								
								66/2	HOLIDAY OFF/SH2	66/2								
								66/3	HOLIDAY OFF/SH3	66/3								
								31/1	HOLIDAY WRK/SH1	31/1								
								31/2	HOLIDAY WRK/SH2	31/2								
								31/3	HOLIDAYWRK/SH3	31/3								
								68	COP- INJURY LV	68								
								63	RESTORED LV	63								
								65	MILITARY LV	65								
								61/TC	VLTP DONATION	61/TC								
									TRAINING									
									AUGMENTATION									
								46	TOTAL HOURS									60

OVERTIME DETAILS: 8/5/2019, 1300 -1900 hours, 6 hrs. 8/11/2019, 1300 -1900 hours, 6 hrs.  
 8/12/2019, 1300 -1900 hours, 6 hrs. 8/13/2019, 0500 - 1100 hours, 6 hrs.  
 8/14/2019, 0500 - 1300 hours, 8 hrs.

NOTES: TIMEKEEPER \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_





EMPLOYEE: Cagnard, Dylan

PP: 16/2019

SHIFT: D/W

DAYS OFF: Sat/Sun

Week 1		0430 1230	0600 1400	0600 1400	0600 1400	0600 1400						0600 1400	0600 1400	0600 1400	0600 1400	0600 1400		Week 2
	S	M	T	W	TH	FR	S	CODE	TYPE OF DUTY	CODE	S	M	T	W	TH	FR	S	
DATE	8	8	8	8	8	8	8				8	8	8	8	8	8	8	
	4	5	6	7	8	9	10				11	12	13	14	15	16	17	
	off	8	8	8	8	8	Off	01/1	REGULAR / SH1	01/1	off	8	8	8	8	8	Off	
								01/2	REGULAR / SH2	01/2								
								01/4	REGULAR / SH3	01/4								
								04/1	SUNDAY / SH1	04/1								
								04/2	SUNDAY / SH2	04/2								
								04/4	SUNDAY / SH3	04/4								
								61	ANNUAL LV	71								
								62	SICK LV	72								
								62/62	SICK LEAVE -FFLA	62/62								
								61/66	Time Off Award	61/66								
								64	COMP USED	64								
								66	HOLIDAY OFF	66								
		3				1		21	OVERTIME	21		3	1	4	1.5		8	
								42	COMP EARNED	42								
								66/1	HOLIDAY OFF/SH1	66/1								
								66/2	HOLIDAY OFF/SH2	66/2								
								66/4	HOLIDAY OFF/SH4	66/4								
								41/1	HOLIDAY WRK/SH1	41/1								
								41/2	HOLIDAY WRK/SH2	41/2								
								41/4	HOLIDAYWRK/SH4	41/4								
								66	COP- INJURY LV	66								
								64	RESTORED LV	64								
								65	MILITARY LV	65								
								61/TC	VLTP DONATION	61/TC								
									TRAINING									
									AUGMENTATION									
								44	TOTAL HOURS									57.5

**OVERTIME:** 8/5/2019, 1400 – 1700 hours, 3 hrs. 8/9/2019, 1400 – 1500 hours, 1 hrs.  
 8/12/2019, 1400 – 1700 hours, 3 hrs. 8/13/2019, 1400 – 1500 hours, 1 hrs.  
 8/14/2019, 1400 – 1800 hours, 4 hrs. 8/15/2019, 1400 – 1530 hours, 1.5 hrs.  
 8/17/2019, 0800 – 1600 hours, 8 hrs.

OVERTIME AUTHORIZATION

MCC NEW YORK  
(Institution Location)

AUGUST 18, 2019

To D. CAGNARD PP16  
(Name of Employee)

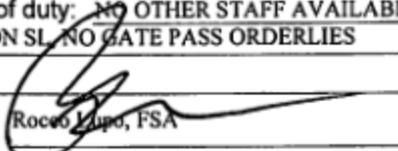
You are authorized to work overtime as follows:

Day of Week: SEE ATTACHED Date: SEE ATTACHED, 2019

Starting: VARIES Approximate period: SEE ATTACHED minutes

Purpose: TO WORK VARIOUS SHIFTS

Reasons work cannot be accomplished during regular tours of duty: NO OTHER STAFF AVAILABLE  
ONE COOK SUPERVISOR ON AL AND ONE COOK SUPERVISOR ON SL, NO GATE PASS ORDERLIES

  
Rocco Lupo, FSA

Warden or Authorized Supervisor

92302145A1

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

Day of Week: SEE ATTACHED Date: SEE ATTACHED, 2017

Starting: SEE ATTACHED Approximate period: SEE ATTACHED minutes

and request: Overtime Pay   
Compensatory Time

D. CAGNARD   
(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.



EMPLOYEE: Chambers, Steve PP: 16/2019 SHIFT: DW DAYS OFF: Sat/Sun.

Week 1	0500 1300	0500 1300	0500 1300	0500 1300	0500 1300						0500 1300	0500 1300	0500 1300	0500 1300	0500 1300			Week 2
	S	M	T	W	TH	FR	S	1:00 pm	TYPE OF DUTY	CODE	S	M	T	W	TH	FR	S	
DATE	8	8	8	8	8	8	8				8	8	8	8	8	8	8	
	4	5	6	7	8	9	10				11	12	13	14	15	16	17	
		8	8	8	8			01/1	REGULAR / SH1	01/1								
								01/2	REGULAR / SH2	01/2								
								01/3	REGULAR / SH3	01/3								
	8							04/1	SUNDAY / SH1	04/1								
								04/2	SUNDAY / SH2	04/2								
								04/3	SUNDAY / SH3	04/3								
								61	ANNUAL LV	61	8	8	8	8	8			
								62	SICK LV	62								
								62/62	SICK LEAVE -FFLA	62/62								
								61/66	Time Off Award	61/66								
								64	COMP USED	64								
								66	HOLIDAY OFF	66								
	6							21	OVERTIME	21								
								32	COMP EARNED	32								
								66/1	HOLIDAY OFF/SH1	66/1								
								66/2	HOLIDAY OFF/SH2	66/2								
								66/3	HOLIDAY OFF/SH3	66/3								
								31/1	HOLIDAY WRK/SH1	31/1								
								31/2	HOLIDAY WRK/SH2	31/2								
								31/3	HOLIDAYWRK/SH3	31/3								
								67	COP- INJURY LV	67								
								63	RESTORED LV	63								
								65	MILITARY LV	65								
								61/TC	VLTP DONATION	61/TC								
									TRAINING									
									AUGMENTATION									
								46	TOTAL HOURS									40

OVERTIME DETAILS: 8/4/2019, 1300 – 1900 hours, 6hrs.

TIMEKEEPER \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

OVERTIME AUTHORIZATION

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

MCC NEW YORK  
(Institution Location)

AUGUST 17, 2019

To S. CHAMBERS PP 16  
(Name of Employee)

You are authorized to work overtime as follows:

Day of Week: SUNDAY Date: AUGUST 4, 2019

Starting: 1:00 pm Approximate period: 360 minutes

Purpose: TO WORK VARIOUS SHIFTS

Reasons work cannot be accomplished during regular tours of duty: NO OTHER STAFF AVAILABLE  
ONE COOK SUPERVISOR ON AL AND ONE COOK SUPERVISOR ON SL

Rocco Lupp, USA

Warden or Authorized Supervisor

92302145A1

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

Day of Week: SUNDAY Date: AUGUST 4, 2017

Starting: SEE ATTACHED Approximate period: 360 minutes

and request: Overtime Pay

Compensatory Time

S. CHAMBERS

(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.

EMPLOYEE: Charles, M.

PP: 16/2019

SHIFT: D/W

DAYS OFF: Wed/Thurs.

Week 1		0500 1300	0500 1300	0800 1600	0600 1400	0600 1400						0600 1400	0600 1400	1100 1900	1100 1900	1100 1900		Wee 2	
	S	M	T	W	TH	FR	S	CODE	TYPE OF DUTY	CODE	S	M	T	W	TH	FR	S		
DATE	8	8	8	8	8	8	8				8	8	8	8	8	8	8		DAT
	4	5	6	7	8	9	10				11	12	13	14	15	16	17		
		8	8	8	8	8		01/1	REGULAR / SH1	01/1		8	8	8	8	8			
								01/2	REGULAR / SH2	01/2									
								01/3	REGULAR / SH3	01/3									
								04/1	SUNDAY / SH1	04/1									
								04/2	SUNDAY / SH2	04/2									
								04/3	SUNDAY / SH3	04/3									
								61	ANNUAL LV	61									
								62	SICK LV	62									
								62/62	SICK LEAVE -FFLA	62/62									
								61/66	Time Off Award	61/66									
								64	COMP USED	64									
								66	HOLIDAY OFF	66									
				6				21	OVERTIME	21	8								
								32	COMP EARNED	32									
								66/1	HOLIDAY OFF/SH1	66/1									
								66/2	HOLIDAY OFF/SH2	66/2									
								66/3	HOLIDAY OFF/SH3	66/3									
								31/1	HOLIDAY WRK/SH1	31/1									
								31/2	HOLIDAY WRK/SH2	31/2									
								31/3	HOLIDAYWRK/SH3	31/3									
								67	COP- INJURY LV	67									
								63	RESTORED LV	63									
								65	MILITARY LV	65									
								61/TC	VLTP DONATION	61/TC									
									TRAINING										
									AUGMENTATION										
								46	TOTAL HOURS										48

OVERTIME DETAILS: 08/07/2019, 1300 -1900 hours, 6 hrs.

08/11/2019, 0500 -1300 hours, 8 hrs.

**NOTES:**

TIMEKEEPER \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

OVERTIME AUTHORIZATION

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

MCC NEW YORK  
(Institution Location)

AUGUST 17, 2019

To M. CHARLES PP 16  
(Name of Employee)

You are authorized to work overtime as follows:

Day of Week: SEE ATTACHED Date: SEE ATTACHED, 2019

Starting: VARIES Approximate period: SEE ATTACHED minutes

Purpose: TO WORK VARIOUS SHIFTS

Reasons work cannot be accomplished during regular tours of duty: NO OTHER STAFF AVAILABLE  
ONE COOK SUPERVISOR ON AL AND ONE COOK SUPERVISOR ON SL

Rocco Lapo, PCA

Warden or Authorized Supervisor

92302145A1

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

Day of Week: SEE ATTACHED Date: SEE ATTACHED, 2017

Starting: SEE ATTACHED Approximate period: SEE ATTACHED minutes

and request: Overtime Pay  
Compensatory Time

M. CHARLES

(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.



EMPLOYEE: Rodriguez, Richard

PP: 16/2019 SHIFT: D/W

DAYS OFF: Fri/Sat

Week 1	1100 1900	1100 1900	1100 1900	1100 1900	1100 1900						1100 1900	1100 1900	1100 1900	1100 1900	1100 1900			Week 2	
	S	M	T	W	TH	FR	S	CODE	TYPE OF DUTY	CODE	S	M	T	W	TH	FR	S		
DATE	8	8	8	8	8	8	8				8	8	8	8	8	8	8		DATE
	4	5	6	7	8	9	10				11	12	13	14	15	16	17		
		8	8	8	8			01/1	REGULAR / SH1	01/1		8	8	8	8				
								01/2	REGULAR / SH2	01/2									
								01/3	REGULAR / SH3	01/3									
	8							04/1	SUNDAY / SH1	04/1	8								
								04/2	SUNDAY / SH2	04/2									
								04/3	SUNDAY / SH3	04/3									
								61	ANNUAL LV	61									
								62	SICK LV	62									
								62/62	SICK LEAVE -FFLA	62/62									
								61/66	Time Off Award	61/66									
								64	COMP USED	64									
								66	HOLIDAY OFF	66									
								21	OVERTIME	21									
								32	COMP EARNED	32									
								66/1	HOLIDAY OFF/SH1	66/1									
								66/2	HOLIDAY OFF/SH2	66/2									
								66/3	HOLIDAY OFF/SH3	66/3									
								31/1	HOLIDAY WRK/SH1	31/1									
								31/2	HOLIDAY WRK/SH2	31/2									
								31/3	HOLIDAYWRK/SH3	31/3									
								67	COP- INJURY LV	67									
								63	RESTORED LV	63									
								65	MILITARY LV	65									
								61/TC	VLTP DONATION	61/TC									
									TRAINING										
									AUGMENTATION										
								40	TOTAL HOURS										40

OVERTIME DETAILS

NOTES:

TIMEKEEPER \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYEE: Smith, Towanda

PP: 16/2019 SHIFT: E/W

DAYS OFF: Fri/Sat

Week 1			1200 2000	1200 2000	1200 2000	1200 2000	1200 2000						1200 2000	1200 2000	1200 2000	1200 2000	1200 2000	Week 2
	S	M	T	W	TH	FR	S	CODE	TYPE OF DUTY	CODE	S	M	T	W	TH	FR	S	
DATE	8	8	8	8	8	8	8				8	8	8	8	8	8	8	DATE
	4	5	6	7	8	9	10				11	12	13	14	15	16	17	
								01/1	REGULAR / SH1	01/1								
	Off	off	8	8	8	8	8	01/2	REGULAR / SH2	01/2	Off	off	8	8	8	8	8	
								01/3	REGULAR / SH3	01/3								
								04/1	SUNDAY / SH1	04/1								
								04/2	SUNDAY / SH2	04/2								
								04/3	SUNDAY / SH3	04/3								
								61	ANNUAL LV	61								
								62	SICK LV	62								
								62/62	SICK LEAVE -FFLA	62/62								
								61/66	Time Off Award	61/66								
								64	COMP USED	64								
								66	HOLIDAY OFF	66								
	8							21	OVERTIME	21					7	3.5		
								32	COMP EARNED	32								
								66/1	HOLIDAY OFF/SH1	66/1								
								66/2	HOLIDAY OFF/SH2	66/2								
								66/3	HOLIDAY OFF/SH3	66/3								
								31/1	HOLIDAY WRK/SH1	31/1								
								31/2	HOLIDAY WRK/SH2	31/2								
								31/3	HOLIDAYWRK/SH3	31/3								
								67	COP- INJURY LV	67								
								63	RESTORED LV	63								
								65	MILITARY LV	65								
								61/TC	VLTP DONATION	61/TC								
									TRAINING									
									AUGMENTATION									
								48	TOTAL HOURS									50.5

OVERTIME DETAILS 08/04/2019, 1100 – 1900 hours, 8 hrs. 08/15/2019, 0500 – 1200 hours, 7 hrs.  
08/16/2019, 2000 – 2330 hours, 3.5 hrs.

**NOTES:**

TIMEKEEPER \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

OVERTIME AUTHORIZATION

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

MCC NEW YORK  
(Institution Location)

AUGUST 17, 2019

To SMITH, T. PP 16  
(Name of Employee)

You are authorized to work overtime as follows:

Day of Week: SEE ATTACHED Date: SEE ATTACHED, 2019

Starting: VARIES Approximate period: VARIES minutes

Purpose: PEST CONTROL

Reasons work cannot be accomplished during regular tours of duty: FOGGING MUST BE COMPLETED AFTER HOURS

Rocco Lynde USA

Warden or Authorized Supervisor

92302145A1

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

Day of Week: SEE ATTACHED Date: SEE ATTACHED, 2017

Starting: VARIES Approximate period: VARIES minutes

and request: Overtime Pay  
Compensatory Time

SMITH, T.

(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.



EMPLOYEE: ██████████

PP: 16/2019 SHIFT: D/W

DAYS OFF: Fri/Sat.

Week 1	0800 1600	1100 1900			1100 1900	1100 1900	0800 1600				1100 1900	1100 1900			1100 1900	1100 1900	1100 1900	Week 2
	S	M	T	W	TH	FR	S	CODE	TYPE OF DUTY	CODE	S	M	T	W	TH	FR	S	
DATE	8	8	8	8	8	8	8				8	8	8	8	8	8	8	DAT
	4	5	6	7	8	9	10				11	12	13	14	15	16	17	
		8			8	8	8	01/1	REGULAR / SH1	01/1		8			8	8	8	
								01/2	REGULAR / SH2	01/2								
								01/3	REGULAR / SH3	01/3								
								04/1	SUNDAY / SH1	04/1	8							
								04/2	SUNDAY / SH2	04/2								
								04/3	SUNDAY / SH3	04/3								
	8							61	ANNUAL LV	61								
								62	SICK LV	62								
								62/62	SICK LEAVE -FFLA	62/62								
								61/66	Time Off Award	61/66								
								64	COMP USED	64								
								66	HOLIDAY OFF	66								
								21	OVERTIME	21		6		8				
								32	COMP EARNED	32								
								66/1	HOLIDAY OFF/SH1	66/1								
								66/2	HOLIDAY OFF/SH2	66/2								
								66/3	HOLIDAY OFF/SH3	66/3								
								31/1	HOLIDAY WRK/SH1	31/1								
								31/2	HOLIDAY WRK/SH2	31/2								
								31/3	HOLIDAYWRK/SH3	31/3								
								67	COP- INJURY LV	67								
								63	RESTORED LV	63								
								65	MILITARY LV	65								
								61/TC	VLTP DONATION	61/TC								
									TRAINING									
									AUGMENTATION									
								40	TOTAL HOURS									54

OVERTIME DETAILS: 08/12/2019, 0500 -1100 hours, 5 hrs. 08/14/2019, 1100 -1900 hours, 8 hrs.

NOTES:

TIMEKEEPER \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ SUPERVISOR ██████████

OVERTIME AUTHORIZATION

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

MCC NEW YORK  
(Institution Location)

To [REDACTED] PP 16  
(Name of Employee)

AUGUST 17, 2019

You are authorized to work overtime as follows:

Day of Week: SEE ATTACHED Date: SEE ATTACHED, 2019

Starting: VARIES Approximate period: SEE ATTACHED minutes

Purpose: TO WORK VARIOUS SHIFTS

Reasons work cannot be accomplished during regular tours of duty: NO OTHER STAFF AVAILABLE  
ONE COOK SUPERVISOR ON AL AND ONE COOK SUPERVISOR ON SL

Rocco Lupis, FTA

Warden or Authorized Supervisor

92302145A1

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

Day of Week: SEE ATTACHED Date: SEE ATTACHED, 2017

Starting: SEE ATTACHED Approximate period: SEE ATTACHED minutes

and request: Overtime Pay \_\_\_\_\_  
Compensatory Time \_\_\_\_\_

A. WILLIAMS

(Signature of Employee)

Time verified [Signature] (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.



OVERTIME AUTHORIZATION

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

MCC NEW YORK  
(Institution Location)

AUGUST 17, 2018

To Rocco Lupo PP16  
(Name of Employee)

You are authorized to work overtime as follows:

Day of Week: SEE ATTACHED Date: SEE ATTACHED, 2018

Starting: VARIES Approximate period: SEE ATTACHED minutes

Purpose: TO PERFORMAN ADMINISTRATIVE DUTIES CONSISTENT WITH THEE POSITION OF THE FSA.

Reasons work cannot be accomplished during regular tours of duty: NO OTHER STAFF AVAILABLE

82302145A1

Warden or Authorized Supervisor

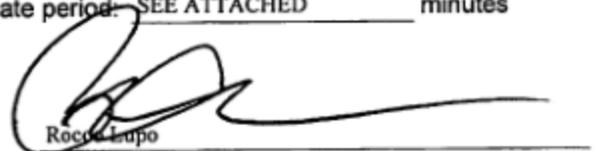
In accordance with above authorization I certify I worked the following overtime:

Day of Week: SEE ATTACHED Date: SEE ATTACHED, 2017

Starting: SEE ATTACHED Approximate period: SEE ATTACHED minutes

and request: Overtime Pay \_\_\_\_\_

Compensatory Time X

  
Rocco Lupo  
(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.



NYMEO 530\*07 \* POPULATION MONITORING CENSUS/ROSTER \* 08-15-2019  
PAGE 001 \* GENERALIZED RETRIEVAL \* 15:23:39

FUNCTION: R-P SELECTION CATEGORY: QTRG EQ B\*\*  
ZERO/NBR: NO ORGANIZATION: FACL EQ NYM  
OPTION: TYPE OF FACILITY: TOF EQ T  
DUP SUPR: YES FACILITY MANAGED BY: FMB EQ AP  
COLUMNS 1: REG 2: LN 3: FN 4: QTR 5: 6: 7: 8:  
SEQ: 4231 NP:  
JUDG: C SORT COL: COL SEQ:  
CONDITIONS (GRP 1) OR CONDITIONS (GRP 2) OR CONDITIONS (GRP 3) OR CONDITIONS (GRP 4)

G TOT	-Q-	-T-	-M-	-F-	-W-	-B-	-I-	-	-H-	-O-
G0002		24	0	24	16	6	0	2	10	14

MORE PAGES TO FOLLOW . . .

GRP.	SPECIFIC..	REG.....	LN.....	FN.....	QTR.....
B01A	B01-201L	86411-054	ROBERTS	ADRIENNE	B01-201L
B01A	B01-202L	76049-054	CARRILLO	CINDY	B01-202L
B01A	B01-202U	56431-479	LAURE-TESI	RITA	B01-202U
B01A	B01-203L	89522-053	RICHARDSON	CAROLYN	B01-203L
B01A	B01-204L	85973-054	HATCHER	SHARON	B01-204L
B01A	B01-204L	86709-054	PERKINS	GERALDINE	B01-204L
B01A	B01-210L	79305-054	HERRERA	KARILIE	B01-210L
B01A	B01-210U	86154-054	BATISTA	SAMANTHA	B01-210U
B01A	B01-212L	68610-054	RAMIREZ	ZORAIDA	B01-212L
B01A	B01-212U	86475-054	ZHUANG	LIQING	B01-212U
B01A	B01-213L	56234-054	SANCHEZ	AURORA	B01-213L
B01A	B01-213U	54630-479	CASTILLO-R	LIUDMYLA	B01-213U
B01A	B01-214U	86297-054	VENTURA	MINERVA	B01-214U
B01A	B01-215L	75936-054	OLIVERA	JUDIE	B01-215L
B01A	B01-215U	23003-021	VO	KIM ANH	B01-215U
B01A	B01-216L	87056-054	VASQUEZ	ANAMARIA	B01-216L
B01A	B01-216U	86961-054	SPINELLI	DOREEN	B01-216U
B01A	B01-218L	76187-054	DREIKSENA	SANTA	B01-218L
B01A	B01-218U	76261-054	MAKSIMOVIC	DIANA	B01-218U
B01A	B01-219L	86821-054	ARAMBUL	DALIA	B01-219L
B01A	B01-219U	85954-054	NAZINA	IELYZAVETA	B01-219U
B01A	B01-220L	85797-053	SIDDIQUI	ASIA	B01-220L
B01A	B01-220U	91449-053	MOREAU	MAGEN	B01-220U
B01A	B01-221U	89767-053	SAFANI	HAWWA	B01-221U

G0000

TRANSACTION SUCCESSFULLY COMPLETED