

**NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION**

APPROVAL FOR EXTRA TIME

DATE OF APPROVED OVERTIME WORK: _____ / _____ / _____
MONTH DATE YEAR

INMATE'S NAME: _____
LAST NAME FIRST NAME

INMATE'S DIN: _____

INMATE'S JOB ITEM#: _____ MODULE: ()AM ()PM ()EVE

WORK AREA: _____

TYPE OF WORK OR EMERGENCY AND JUSTIFICATION: _____

NUMBER OF HOURS WORKED: _____

WORK SUPERVISOR SIGNATURE: _____

AREA SUPERVISOR SIGNATURE: _____

DEPUTY SUPERINTENDENT FOR PROGRAM SERVICES APPROVAL: _____

THIS FORM MUST BE COMPLETED FULLY AND ATTACHED TO THE PAYROLL