

County of Hudson
DEPARTMENT OF CORRECTIONS
HUDSON COUNTY CORRECTIONAL CENTER

10/17/16

DATE: _____

SUBJECT: OVERTIME (OR) COMPENSATION TIME

EMPLOYEE PAYROLL # 29450

THIS IS TO VERIFY THAT I Sgt. E. CASTILLO WORKED OVERTIME ON THE ABOVE DATE.
(PLEASE PRINT NAME)

4 FOUR HOURS OVERTIME ON POST Employees lockers Assign. ON THE

270 SHIFT _____ MANDATORY _____ VOLUNTARY

[Signature]
O.I.C. SHIFT COMMANDER SIGNATURE

[Signature]
EMPLOYEE SIGNATURE

270 SHIFT

***** FALSIFICATION OF THIS CERTIFICATE SHALL CONSTITUTE CAUSE FOR TERMINATION *****
WHITE - BUSINESS/PAYROLL YELLOW - EMPLOYEE

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10/18/16

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EMPLOYEE PAYROLL # 29450

THIS IS TO VERIFY THAT I Sgt. E. CASTILLO WORKED OVERTIME ON THE ABOVE DATE.
(PLEASE PRINT NAME)

4 FOUR HOURS OVERTIME ON POST Employee Lockers Assignment ON THE

270 SHIFT _____ MANDATORY _____ VOLUNTARY


C.I.C./SHIFT COMMANDER SIGNATURE


EMPLOYEE SIGNATURE

2-10 SHIFT

***** FALSIFICATION OF THIS CERTIFICATE SHALL CONSTITUTE CAUSE FOR TERMINATION *****
WHITE - BUSINESS/PAYROLL YELLOW - EMPLOYEE
