

MONTH: _____

**KERN VALLEY STATE PRISON
CORRECTIONAL LIEUTENANT
VOLUNTARY OVERTIME SIGN-UP SHEET**

Watch: _____ Seniority #: _____
 Post: _____ RDO's: _____ Name: _____
 Day/Hours: _____ Ext: _____ PPAS #: _____
 Day/Hours: _____ Ext: _____ Home Phone #: _____
 Day/Hours: _____ Ext: _____ Alternate #: _____

If you are assigned to a relief position indicate all appropriate information on the reverse side if necessary.
 Place an (X) in the box next to each shift you would like to be considered for voluntary overtime.
 BE SURE THE (X) IS IN THE APPROPRIATE COLUMN.

FIRST WATCH			SECOND WATCH			THIRD WATCH		
1	<input type="checkbox"/>		1	<input type="checkbox"/>		1	<input type="checkbox"/>	
2	<input type="checkbox"/>		2	<input type="checkbox"/>		2	<input type="checkbox"/>	
3	<input type="checkbox"/>		3	<input type="checkbox"/>		3	<input type="checkbox"/>	
4	<input type="checkbox"/>		4	<input type="checkbox"/>		4	<input type="checkbox"/>	
5	<input type="checkbox"/>		5	<input type="checkbox"/>		5	<input type="checkbox"/>	
6	<input type="checkbox"/>		6	<input type="checkbox"/>		6	<input type="checkbox"/>	
7	<input type="checkbox"/>		7	<input type="checkbox"/>		7	<input type="checkbox"/>	
8	<input type="checkbox"/>		8	<input type="checkbox"/>		8	<input type="checkbox"/>	
9	<input type="checkbox"/>		9	<input type="checkbox"/>		9	<input type="checkbox"/>	
10	<input type="checkbox"/>		10	<input type="checkbox"/>		10	<input type="checkbox"/>	
11	<input type="checkbox"/>		11	<input type="checkbox"/>		11	<input type="checkbox"/>	
12	<input type="checkbox"/>		12	<input type="checkbox"/>		12	<input type="checkbox"/>	
13	<input type="checkbox"/>		13	<input type="checkbox"/>		13	<input type="checkbox"/>	
14	<input type="checkbox"/>		14	<input type="checkbox"/>		14	<input type="checkbox"/>	
15	<input type="checkbox"/>		15	<input type="checkbox"/>		15	<input type="checkbox"/>	
16	<input type="checkbox"/>		16	<input type="checkbox"/>		16	<input type="checkbox"/>	
17	<input type="checkbox"/>		17	<input type="checkbox"/>		17	<input type="checkbox"/>	
18	<input type="checkbox"/>		18	<input type="checkbox"/>		18	<input type="checkbox"/>	
19	<input type="checkbox"/>		19	<input type="checkbox"/>		19	<input type="checkbox"/>	
20	<input type="checkbox"/>		20	<input type="checkbox"/>		20	<input type="checkbox"/>	
21	<input type="checkbox"/>		21	<input type="checkbox"/>		21	<input type="checkbox"/>	
22	<input type="checkbox"/>		22	<input type="checkbox"/>		22	<input type="checkbox"/>	
23	<input type="checkbox"/>		23	<input type="checkbox"/>		23	<input type="checkbox"/>	
24	<input type="checkbox"/>		24	<input type="checkbox"/>		24	<input type="checkbox"/>	
25	<input type="checkbox"/>		25	<input type="checkbox"/>		25	<input type="checkbox"/>	
26	<input type="checkbox"/>		26	<input type="checkbox"/>		26	<input type="checkbox"/>	
27	<input type="checkbox"/>		27	<input type="checkbox"/>		27	<input type="checkbox"/>	
28	<input type="checkbox"/>		28	<input type="checkbox"/>		28	<input type="checkbox"/>	
29	<input type="checkbox"/>		29	<input type="checkbox"/>		29	<input type="checkbox"/>	
30	<input type="checkbox"/>		30	<input type="checkbox"/>		30	<input type="checkbox"/>	
31	<input type="checkbox"/>		31	<input type="checkbox"/>		31	<input type="checkbox"/>	

N/H = Not Home
 P = Pass

N/A = No Answer
 O/DBL = On Double Shift

L/M = Left Message