

Federal Bureau of Prisons)
Federal Correctional Complex)
Forrest City, Arkansas)
Respondent)
)
and)
)
American Federation of Government)
Employees, Council of Prison Locals)
33, Local 0922, Forrest City, Arkansas)
Charging Party)

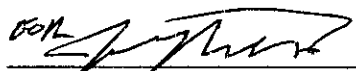
Date: August 2, 2007

SETTLEMENT AGREEMENT

WHEREAS, the Federal Correctional Complex at Forrest City, Arkansas (Management) and AFGE Local 0922 (Union), jointly desire to amicably settle and resolve the grievance related to the assignment of overtime on May 18 and May 25, 2007, during which staff escorts were utilized for inmate escorted dialysis, and in full and final settlement of the charges and complaints filed in this case, the parties freely and voluntarily agree to the following terms and conditions.

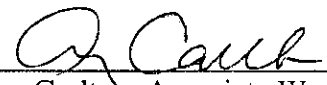
The Union, Local 0922, hereby request to withdraw the pending grievance related to the grievance filed on this matter when these conditions are met. In this agreement, neither party is admitting fault for actions taken.

Both parties agree that this matter is informally resolved. The terms of this agreement have been completely read, are fully understood, have been freely reached, and are voluntarily accepted. This agreement is effective on the date signed hereon.



Shon Foreman, President Local 922
Union LMR Chairperson

Date: 8/22/07



Amy Carlton, Associate Warden
Agency LMR Chairperson

Date: 8/22/07

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U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

FCC Forrest City, Forrest City, Arkansas
(Institution Location)

August 2, 2007

To See Reverse
(Name of Employee)

You are authorized to work overtime as follows:

Day of week: See Reverse Date: See Reverse

Starting: See Reserve Approximate period: See Reverse

Purpose: Provide compensation for work performed after 4:00PM involving escorting inmates for dialysis treatment. Compensation provided for staff who were not notified of overtime opportunity via the computerized overtime program.

Reason work cannot be accomplished during regular tours of duty: Duties occurred after normal work hours.

Warden or Authorized Supervisor

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

Day of week: See Reverse Date: See Reverse

Starting: See Reverse Approximate period: See Reverse

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

AC

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.

