City Of New York
Office of Emergency Management
Call Center
212-221-8635

City Of New York Office of Emergency Management

(4/15 – 4/17/02 week of)

Fax

To: Ellesline Houston **From:** Rose Marabetti

Fax: (718) 595-4422 **Fax:**

Phone: (718) 595-4429 **Phone:** (212) 704-5115

Re: **Date:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:**
Ellesline – Timesheets for – Rose, Bruce/Karen, Tiekesia
Sivern took her timesheet on Wed. She worked at the hotline on Mon. (4/15) – 10:45–7:00 Pm; Tues., (4/16) – 9:35–5:35
Wed. (4/17) 12:45–7:00; she was at the Fair on Thurs. + Fri:

Number of Pages: 4 (with cover)

Any questions, please call.

Thank you

Rose

MANAGERIAL TIME RECORD

THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WEEKLY TIME SHEET

NAME Rose Marabetti

BUREAU BEC

WEEK ENDING (SATURDAY) 4/20/02

DIVISION EEDA4

S.S.# PII

CHARGES TO LEAVE BALANCES

DAY	ARRIVE	DEPART	NO. HOURS WORKED	ANNUAL LEAVE	SICK LEAVE	OVERTIME	REMARKS
4/14 SUNDAY							
4/15 MONDAY	9:30	7:00					Queens Office
4/16 TUESDAY	10:55	5:40					LMA & Hotline
4/17 WEDNESDAY	9:30	9:00					Queens Office
4/18 THURSDAY	11:00	7:15					LMA & Hotline
4/19 FRIDAY	10:55	7:00					" "
4/20 SATURDAY							" "
TOTAL							

I HEREBY CERTIFY that the time shown above, correctly represents my attendance for the indicated week.

EMPLOYEE'S SIGNATURE Rose Marabetti

DATE 4/22/02

DIVISION OR BUREAU HEAD _____ DATE _____

AGENCY HEAD _____ DATE _____

* INSTRUCTION:

ORIGINAL (TIMEKEEPER)

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEKENDING: 4/20/02 SECTION: ENV. ECONOMICS DEV. ASST.

DISTRIBUTION NO: 1601 & 5005

The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

FULL TIME

NAME	ARR	SIGNATURE	LUNCH OUT	LUNCH IN	DEP	SIGNATURE	REMARKS
MONDAY							
DIST# 1601 ELLIS, KAREN	9	Ellis	1[45]	2[45]	5	Ellis	7
MACDONALD, BRUCE	11	BM	1[30]	2[30]	7	BM	7
TUESDAY							
DIST# 1601 ELLIS, KAREN	3[30]	Ellis			7[00]	Ellis	3½/3½ S/C
MACDONALD, BRUCE	9[00]	BM	12	1[00]	5[00]	BM	7
WEDNESDAY							
DIST# 1601 ELLIS, KAREN	11[15]	Ellis	3	4	7[00]	Ellis	7
MACDONALD, BRUCE	10[00]	BM	2	3	7[15]	BM	7
THURSDAY							
DIST# 1601 ELLIS, KAREN							
MACDONALD, BRUCE	8[11]	BM	2	3	7[15]	BM	7
FRIDAY							
DIST# 1601 ELLIS, KAREN							
MACDONALD, BRUCE		ANNUAL LEAVE / COMP TIME					

Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy Rose Marabetti
Supervisor's Signature

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEK: MONDAY - FRIDAY April 15, 2002 April 2002

UNIT: ENV. ECONOMICS DEV. ASSTNCE
TITLE: CITY SEASONAL AIDE
DIST #: 5005

The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

NAME	ARR	SIGNATURE	LUNCH OUT	LUNCH IN	DEP	SIGNATURE	REMARKS
MON 4/15	/	/					
GRACE, TIEHESIA	10⁰⁰	Tiehesia Grace	1³⁰	2³⁰	5³⁰	Tiehesia Grace	
TUES 4/16	/	/					
GRACE, TIEHESIA							Off
WED 4/17	/	/					
GRACE, TIEHESIA			/				Off
THUR 4/18	/	/					
GRACE, TIEHESIA							Off
FRI 4/19	/	/					
GRACE, TIEHESIA							Off

Supervisor initials required for other than scheduled work hours.

Certification of Accuracy Rose Marabetti

Supervisor Signature