(FAX'D TO ELLESTINE 4/1-4/6-02)

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

City Of New York Office of Emergency Management

Fax

To:	Ellestine Howdon	**From:**	
Fax:	(718) 595-4422	**Fax:**	
Phone:	(718) 595-4429	**Phone:**	
Re:	Attendance 4/1-4/5	**Date:**	

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

• **Comments:**

T Moore
B+Karen -
Sareen -

Number of Pages: 4 pages

Tielena can he check again with changes

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEK: MONDAY - FRIDAY
4/1/02 — 4/5/02

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 / /							
GRACE, TIEHESIA	12[20]	Tiehesia Grace			6[00]	Tiehesia Grace	No Lunch
TUES / /							
GRACE, TIEHESIA	10[30]	Tiehesia Grace			6[00]	Tiehesia Grace	No Lunch
WED / /							
GRACE, TIEHESIA	10[00]	Tiehesia Grace	2[30]	3[00]	6[00]	Tiehesia Grace	1/2 hr lunch
THUR / /							
GRACE, TIEHESIA	9[15]	Tiehesia Grace			2[00]	Tiehesia Grace	
FRI / /							
GRACE, TIEHESIA	S.L	SICK LEAVE				OUT OF OFFICE	

Supervisor initials required for other than scheduled work hours.

Certification of Accuracy

Rose Marabetti
Supervisor Signature

* will give you skip for 4/5/02.

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEKENDING: April 6, 2002 **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 4/1							
DIST# 1601 ELLIS, KAREN							out / A/L
MACDONALD, BRUCE	11		2	3:30	7		7
TUESDAY 4/2							
DIST# 1601 ELLIS, KAREN							out / A/L
MACDONALD, BRUCE	10:03		2	3	6:01		7
WEDNESDAY 4/3							
DIST# 1601 ELLIS, KAREN	11:03		3	4	7:03		7
MACDONALD, BRUCE							
THURSDAY 4/4							
DIST# 1601 ELLIS, KAREN							O/H
MACDONALD, BRUCE	11		2	3:30	7		6.5 1/2 CT
FRIDAY 4/5							
DIST# 1601 ELLIS, KAREN							out
MACDONALD, BRUCE	11		2	3	7:19		7

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
ENVIRONMENTAL ECONOMICS DEVELOPMENT ASSTNCE

WEEKENDING:(SATURDAY) April 6, 2002 **DIST#: 5005** **UNIT: EEDA**

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: SAVERN GARRAWAY-ROLLINS

NAME	ARR	SIGNATURE	LUNCH OUT	LUNCH IN	DEP	SIGNATURE	REMARKS
SUNDAY							
MONDAY 4/1							
GARRAWAY-ROLLINS, S.	—	—	—	—	—	—	
TUESDAY 4/2							
GARRAWAY-ROLLINS, S.	—	—	—	—		—	
WEDNESDAY 4/3							
GARRAWAY-ROLLINS, S.	—	—	—	—		—	
THURSDAY 4/4							
GARRAWAY-ROLLINS, S.	11	S. Garraway-Rollins	2	3	7	S. Garraway-Rollins	7
FRIDAY 4/5							
GARRAWAY-ROLLINS, S.	11	S. Garraway-Rollins	2	3	7	S. Garraway-Rollins	7
SATURDAY							

Supervisor initials required for other than Scheduled work hours.

Certification of Accuracy

_____ _____
SUPERVISOR