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

City Of New York Office of Emergency Management

(Week of 3/18-3/23)

Fax

To:	Ellesdre Houston	**From:**	Rose Marabetti
Fax:	(718) 595-4422	**Fax:**	(212) 704-5170
Phone:	(718) 595-4429	**Phone:**	(212) 704-5115
Re:	Time Sheets	**Date:**	3/22/02

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

• **Comments:** Ellesdre–
Sign In Sheets: Bruce & Karen Savern (Order signed by Barbara Raffo)
Tiekesia
Nicole (just for today)
Rose

Number of Pages: 6 (with cover)

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE
ENVIRONMENTAL ECONOMICS DEVELOPMENT ASSTNCE

WEEKENDING:(SATURDAY) **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 3-18-02

NAME	ARR	SIGNATURE	LUNCH OUT	LUNCH IN	DEP	SIGNATURE	REMARKS
SUNDAY							
MONDAY							
GARRAWAY-ROLLINS, S.							A/L
TUESDAY							
GARRAWAY-ROLLINS, S.	11:	S. Rollins	2	3	7	S. Rollins	7
WEDNESDAY							
GARRAWAY-ROLLINS, S.	10	S. Rollins	1:30	2:30	6:1	S. Rollins	7
THURSDAY							
GARRAWAY-ROLLINS, S.	11:1	S. Rollins	2:1	3:1	7	S. Rollins	7
FRIDAY							
GARRAWAY-ROLLINS, S.							S/L
SATURDAY							

Supervisor initials required for other than Scheduled work hours.

Certification of Accuracy

SUPERVISOR

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEKENDING: 3/23/02 **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	11:15	Ellis	2:30	3:20	7	Ellis	7
MACDONALD, BRUCE	11		3:20	4:20			
TUESDAY							
DIST# 1601 ELLIS, KAREN	10:55	Ellis	1:30	2:30	7	Ellis	7
MACDONALD, BRUCE	9:30	BM	2	3	5:30	BM	7 Office
WEDNESDAY							
DIST# 1601 ELLIS, KAREN	9:20	Ellis	1:30	2:30	5:30	Ellis	7 Office
MACDONALD, BRUCE	11	BM	2	3	7:20	BM	7
THURSDAY							
DIST# 1601 ELLIS, KAREN	10:0	Ellis	2	3	7	Ellis	7
MACDONALD, BRUCE	11	BM	2:30	3:20	7	BM	7
FRIDAY							
DIST# 1601 ELLIS, KAREN							CT
MACDONALD, BRUCE	11:05	BM	1:30	2:30	7:05	BM	7

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

Certification of Accuracy Rose Marabeth

Supervisor's Signature

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEK: MONDAY - FRIDAY
3/18/02 - 3/22/02

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	12:45	Tiehesia Grace			7:00	Tiehesia Grace	
TUES	/	/					
GRACE, TIEHESIA	10:30	Tiehesia Grace	1:00	2:00	7:00	Tiehesia Grace	
WED	/	/					
GRACE, TIEHESIA	11:00	Tiehesia Grace			6:02	Tiehesia Grace	1½ hrs Bonus
THUR	/	/					
GRACE, TIEHESIA	9:30	Tiehesia Grace	1:30	2:30	5:30	Tiehesia Grace	
FRI	/	/					
GRACE, TIEHESIA	10:30	Tiehesia Grace	1:30	1:30	6:00	Tiehesia Grace	

Supervisor initials required for other than scheduled work hours.

Certification of Accuracy

Rose Marabetti
Supervisor Signature

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEK: MONDAY THRU FRIDAY
3/18/02 - 3/22/02

UNIT: ENV. ECONOMICS DEV. ASSTNCE
COLLEGE 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.

COLLEGE AIDE Nicole Nelson

NAME	ARR	SIGNATURE	LUNCH OUT	LUNCH IN	DEP	SIGNATURE	REMARKS
MON / /							
NELSON, NICOLE							
TUES / /							
NELSON, NICOLE							
WED / /							
NELSON, NICOLE							
THUR / /							
NELSON, NICOLE							
FRI / /							
NELSON, NICOLE	9 15	Nicole Nelson	2 30	3 30	6 00	Nicole Nelson	7 1/4

Supervisor initials required for other than scheduled work hours.

Certification of Accuracy

Rose Macbeth
Supervisor Signature

To: Fellestrie

MANAGERIAL TIME RECORD

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

NAME Rose Marabetti

BUREAU BEC

WEEK ENDING (SATURDAY) 3/23/02

DIVISION EEDAG

S.S.# PII

CHARGES TO LEAVE BALANCES

DAY	ARRIVE	DEPART	NO. HOURS WORKED	ANNUAL LEAVE	SICK LEAVE	OVERTIME	REMARKS
3/17 SUNDAY							
3/18 MONDAY	11:00	10:55	11				typing up notes from Hunter Forum
3/19 TUESDAY	10:40	7:00	7 1/4				
3/20 WEDNESDAY	10:40	7:20	7 1/4				
3/21 THURSDAY	10:15	9:00	9 3/4				typing notes for (in office) MEMO A
3/22 FRIDAY	10:55	7:00	7				
3/23 SATURDAY							
TOTAL			42 1/4				

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

EMPLOYEE'S SIGNATURE Rose Marabetti

DATE 3/22/02

DIVISION OR BUREAU HEAD _____

DATE _____

AGENCY HEAD _____

DATE _____

INSTRUCTION:

ORIGINAL (TIMEKEEPER)