D.E.P. OVERTIME AUTHORIZATION FORM

1. Bureau BEC
2. Location #12-11
3. Distribution Number
4. Week Ending 5-?-02

5. Weekly Attendance						
S	M	T	W	T	F	S
	7	7	7.5	7	7	

6. Normal Work Week 35 Hours

*This form is to be permanently filed in employee's personnel folder at location and Bureau headquarters.

7. Employee Name	8. Civil Service Title	9. Social Security No.
[illegible]	Staff Arch (?)	391

10. Total Overtime Previous 12 Months ____ Hours	11. 5% Annual Salary In Hours ____	12. Has Employee Exceeded 5% in O.T.? (Yes/No)	13. Retirement Eligibility: Month Year

14. Date(s)	15. Location(s) & CCF'S / Job #'S (If Applicable)	16. Reason (s)	17. Time Allocation STR	PREM	COMP
5-?-02	LEHMAN COLLEGE,	See Bronx Bronx			
	Bronx (AM) and	Overall [illegible]			
	RAMADA INN FAIR-	Comm Bd. Expo &			
	FIELD, NJ (PM)	AESF/NAMF Mtg.			
		[illegible] Metal Finishers			
	Lehm 8:30-4:30				
	4:30-10 PM				5.5
		18. Report Totals			5.5

19. Explanation: Specify in the space below the reason why this employee was permitted to earn in excess of 5% of his/her salary.

Authorized & Approval Signature(s):

Rose Marabetti (?)
20. Supervisor — Date 5/20/02

21. Bureau Chief/Commissioner's Designee — ☑ Approved ☐ Disapproved — Date

LOCATION COPY PART 1