

Fax:2127045142

**** Transmit Conf. Report ****

P.1

May 13 2002 11:34

D.O.7	Check condition of remote fax.	912125954422
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*5/6-5/11
week of*

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

**City Of New York
Office of Emergency
Management**

Fax

To: <i>Ellen Dine Houston</i>	From: <i>Rose Macabetti</i>
Fax: <i>(718) 595-4422</i>	Fax: <i>(212) 704-5170</i>
Phone: <i>(718) 595-4429</i>	Phone: <i>(212) 704-5115</i>
Re:	Date: <i>5/13/02</i>

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

• Comments: *Ellen Dine - Re note, Bruce said he faxed —
Here they are. Thank — Rose*

Number of Pages: 3 (with covers)

*Rose
Houston*

5-20-02

Karey

Please sign this
original + return to
me. (Backup of house
is att'd) Thank &

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEKENDING: 5/11/02 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 IN	DEF	SIGNATURE	REMARKS
MONDAY 5/6						
DIST# 1601 ELLIS, KAREN	9 ⁰⁰	<i>Kellen</i>	1 ³⁰ 3 ³⁰	5 ³⁰	<i>Kellen</i>	7 office
MACDONALD, BRUCE						office
TUESDAY 5/7						
DIST# 1601 ELLIS, KAREN	11 ⁵	<i>Kellen</i>		7	<i>Kellen</i>	7 OFFICE
MACDONALD, BRUCE						
WEDNESDAY 5/8						
DIST# 1601 ELLIS, KAREN	9 ⁰⁰	<i>Kellen</i>	1 ³⁰ 2 ³⁰	5 ³⁰	<i>Karen Ellis</i>	
MACDONALD, BRUCE	11 ⁰⁰	<i>Bruce</i>	1 ⁴⁵ 2 ⁴⁵	7 ⁰⁵	<i>Bruce</i>	7
THURSDAY 5/9						
DIST# 1601 ELLIS, KAREN	11 ⁴⁵	<i>Kellen</i>	-	-	7 <i>Kellen</i>	7 OFFICE
MACDONALD, BRUCE						
FRIDAY 5/10						
DIST# 1601 ELLIS, KAREN						
MACDONALD, BRUCE	6 ⁵⁵	<i>Bruce</i>	7 ³⁰ 7 ³⁰	7 ³⁵	<i>Bruce</i>	7 <u>cur</u>

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

Certification of Accuracy

Rene Macalitti
Supervisor's Signature

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE**

WEEK: MONDAY - FRIDAY
5/6 - 5/10/02

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 IN	DEP	SIGNATURE	REMARKS
MON 5/6						
GRACE, TIEHESIA	9:00	<i>[Signature]</i>	12:30 1:30	5:00	<i>[Signature]</i>	
TUES 5/7						
GRACE, TIEHESIA	8:00	<i>[Signature]</i>		5:00	<i>[Signature]</i>	
WED 5/8						
GRACE, TIEHESIA		<i>[Signature]</i>			<i>[Signature]</i>	Queens Office
THURS 5/9						
GRACE, TIEHESIA		<i>[Signature]</i>			<i>[Signature]</i>	Queens Office
FRI 5/10						
GRACE, TIEHESIA		<i>[Signature]</i>			<i>[Signature]</i>	

Supervisor initials required for other than scheduled work hours.

Certification of Accuracy

Rose Marabetti
Supervisor Signature