

Fax:2127045142

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

P.1

May 13 2002 11:34

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

City Of New York
Office of Emergency
Management

Fax

To: Ellen Fine Houston From: Rose Marabetti
 Fax: (718) 595-4422 Fax: (212) 704-5170
 Phone: (718) 595-4429 Phone: (212) 704-5115
 Re: _____ Date: 5/13/02

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

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

Number of Pages: 3 (with cover)

Rose
Marabetti

**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	DEP	SIGNATURE	REMARKS
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MONDAY 5/6

DIST# 1601 ELLIS, KAREN	9 ⁰⁰	Kell	1 ³⁰ 2 ³⁰	5 ³⁰	Kell	7
MACDONALD, BRUCE						

office
office

TUESDAY 5/7

DIST# 1601 ELLIS, KAREN	11 ⁵	Kell			Kell	7
MACDONALD, BRUCE						

OFFICE

WEDNESDAY 5/8

DIST# 1601 ELLIS, KAREN	9 ⁰⁰	Kell	1 ³⁰ 2 ³⁰	5 ³⁰	Karen Ellis	
MACDONALD, BRUCE	11 ⁰⁰	Bruce	1 ⁴⁵ 2 ⁴⁵	7 ⁰⁰	BM	7

THURSDAY 5/9

DIST# 1601 ELLIS, KAREN	11 ⁴⁵	Kell	-	-	7	Kell	7
MACDONALD, BRUCE							

OFFICE

FRIDAY 5/10

DIST# 1601 ELLIS, KAREN							
MACDONALD, BRUCE	6 ⁵⁵	BM	2 ³⁰ 3 ³⁰	7 ⁰⁰	BM	7	

out

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

Certification of Accuracy

Rene Marabetti
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 1 1						
GRACE, TIEHESIA	9:00	<i>[Signature]</i>	12:30 1:30	5:00	<i>[Signature]</i>	
TUES 5/7 1 1						
GRACE, TIEHESIA	9:00	<i>[Signature]</i>		5:00	<i>[Signature]</i>	
WED 5/8 1 1						
GRACE, TIEHESIA			1			Green Office 1/2 Day
THUR 5/9 1 1						
GRACE, TIEHESIA						Green Office
FRI 5/10 1 1						
GRACE, TIEHESIA						<i>[Signature]</i> Office

Supervisor initials required for other than scheduled work hours.

Certification of Accuracy

Rose Marabetti
Supervisor Signature