

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

City Of New York
Office of Emergency
Management

Fax

To: Ellen Dine Houston From: Rose Marabetti
Fax: (718) 595-4422 Fax: _____
Phone: (718) 595-4429 Phone: (212) 704-5115
Re: _____ Date: _____

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

• Comments:

Ellen Dine - Timesheets for - Rose, Bruce/Karen, Tichekia
Screen took her timesheet on Wed. She worked at the
hotline on Mon. (4/15) - 10:45 - 7:00 PM; Tues. (4/16) - 9:35 - 5:35
Wed. (4/17) 12:45 - 7:00; she was at the Frak on Thurs. & Fri:

Number of Pages: 4
(with cover)

Any questions, please call.

Thank you,
Rose

MANAGERIAL
TIME RECORD

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

NAME Rose Marabetti
WEEK ENDING (SATURDAY) 4/20/02
S.S.# P

BUREAU BEC
DIVISION EEDAY

CHARGES TO LEAVE BALANCES

DAY	ARRIVE	DEPART	NO. HOURS WORKED
^{4/14} SUNDAY			
^{4/15} MONDAY	9:30	7:00	
^{4/16} TUESDAY	10:55	5:40	
^{4/17} WEDNESDAY	9:30	9:00	
^{4/18} THURSDAY	11:00	7:15	
^{4/19} FRIDAY	10:55	7:00	
^{4/20} SATURDAY			
TOTAL			

ANNUAL LEAVE	SICK LEAVE	OVERTIME	REMARKS
			Quies office
			LMA & Hotline
			Quies office
			LMA & Hotline
			" "
			" "

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

EMPLOYEE'S SIGNATURE Rose Marabetti
DATE 4/22/02

DIVISION OR BUREAU HEAD _____ AGENCY HEAD _____
DATE _____ DATE _____

INSTRUCTION:

ORIGINAL (TIMEKEEPER)

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

WEEKENDING: 4/25/02 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
MONDAY						
DIST# 1601 ELLIS, KAREN	9	<i>Kellis</i>	1 ⁵ 2 ¹⁵	5	<i>Kellis</i>	7 office
MACDONALD, BRUCE	11	<i>BRU</i>	1 ³⁰ 2 ²⁰	7	<i>BRU</i>	7
TUESDAY						
DIST# 1601 ELLIS, KAREN	3 ³⁰	<i>Kellis</i>	—	7 ⁰⁰	<i>Kellis</i>	3 1/2 / 3 1/2 5/c
MACDONALD, BRUCE	9 ⁰⁰	<i>BRU</i>	1 ¹⁵ 1 ⁵⁰	5 ²⁰	<i>BRU</i>	7 office
WEDNESDAY						
DIST# 1601 ELLIS, KAREN	11 ¹⁵	<i>Kellis</i>	3 4	7 ¹⁰	<i>Kellis</i>	7
MACDONALD, BRUCE	1 ⁰⁰	<i>BRU</i>	2 3	7 ¹⁵	<i>BRU</i>	7
THURSDAY						
DIST# 1601 ELLIS, KAREN						office
MACDONALD, BRUCE	11 ¹⁰	<i>BRU</i>	2 3	7 ⁰⁵	<i>BRU</i>	7
FRIDAY						
DIST# 1601 ELLIS, KAREN						office
MACDONALD, BRUCE		ANNA LEAVE / CONTINUED				

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

Certification of Accuracy

Rose Marabetti

Supervisor's Signature

DEP_BANHazMat 11th fl ID:718-595-4422

APR 15'02 10:43 No.001 P.02

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

WEEK: MONDAY - FRIDAY

UNIT: ENV. ECONOMICS DEV. ASSTNCE

April 15, 2002
April 2002

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 4/15						
GRACE, TIEHESIA	10 ⁰⁰	<i>Grace Tiehesia</i>	2 ³⁰ 5 ³⁰		<i>Grace Tiehesia</i>	
TUES 4/16						
GRACE, TIEHESIA						
WED 4/17						
GRACE, TIEHESIA						
THUR 4/18						
GRACE, TIEHESIA						
FRI 4/19						
GRACE, TIEHESIA						

Supervisor initials required for other than scheduled work hours.

Certification of Accuracy

Rose Marabetti
Supervisor Signature