

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

City Of New York
Office of Emergency
Management

Fax

To: Elastine From: Bruce Macdonald
Fax: _____ Fax: _____
Phone: _____ Phone: _____
Re: _____ Date: 4-15-02
☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Last week's Time Sheet:
- Bruce + Karen
- Tieshaia

Number of Pages: 3

Week of 4/8 - 4/13

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

WEEKENDING: 4/8 - 4/13/02

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 4/8

DIST# 1601 ELLIS, KAREN	-	-	-	-	-	out
MACDONALD, BRUCE	11	Bruce	1:30 2:30		Bruce	7

TUESDAY 4/9

DIST# 1601 ELLIS, KAREN	11	Kelli	3 4 7		Kelli	7
MACDONALD, BRUCE	9:30	Bruce	2 3 5:30		Bruce	

office

WEDNESDAY 4/10

DIST# 1601 ELLIS, KAREN	11	K. Ellis	2 ³⁰ 3 ³⁰ 7		Kelli	7
MACDONALD, BRUCE	11	Bruce	2 3 7		Bruce	7

THURSDAY 4/11

DIST# 1601 ELLIS, KAREN	9	Kelli	1 ²⁰ 2 ³⁰ 5		Kelli	7
MACDONALD, BRUCE	11	Bruce	2 ³⁰ 3 ³⁰ 7		Bruce	7

office

FRIDAY 4/12

DIST# 1601 ELLIS, KAREN	1	Kelli	- - 7		Kelli	7
MACDONALD, BRUCE	9:40	Bruce	1 ⁴⁵ 2 ⁴⁵ 6 ¹⁰		Bruce	

office

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

Certification of Accuracy

Rose Macabetti
Supervisor's Signature

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

WEEK: MONDAY - FRIDAY

UNIT: ENV. ECONOMICS DEV. ASSTNCE

4/8 - 4/12/02

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 4/8	1					
GRACE, TIEHESIA	8:30	<i>[Signature]</i>	1:30 2:00 3:00		<i>[Signature]</i>	
TUES 4/9	1					
GRACE, TIEHESIA	8:30	<i>[Large "OUT OF OFFICE" signature across multiple rows]</i>				
WED 4/10	1					
GRACE, TIEHESIA	1					
THUR 4/11	1					
GRACE, TIEHESIA	8:00			5:20		
FRI 4/12	1					
GRACE, TIEHESIA	11:00	<i>[Signature]</i>			<i>[Signature]</i>	No Lunch

Supervisor initials required for other than scheduled work hours.

Certification of Accuracy

Rose Macabetti

Supervisor Signature

[Handwritten notes and corrections:]
 Tues - 8:30 - 6:00
 Wednes. - 1 - 6:30 - No Lunch C. Precise
 Thurs. 8:00 - 6:00
 Lunch
 Fri - 11:00 - 6:00