To: Ellerine Houston From: Bruce Macdonald

Fax: (718) 595-4422 Fax:

Phone: PII Phone: PII

Re: Attendance 4/1-4/5 Date:

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

• Comments:

Karen + Bruce's - Timesheet
Steven Rubin's - " "
Theresa Moore - " "

Number of Pages: 4 pages

Week of 4/1 - 4/6

Fax:2127045142

*** Transmit Conf. Report ***

Apr 8 2002 11:53 P.1

Telephone Number	Mode	Start	Time	Page	Result	Note
9171859544 22	NORMAL	8.11:50	2'13"	4	* O K	

FAX'D TO ELLESTINE 45-02

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

City Of New York Office of Emergency Management

Fax

To: Ellestine Howdon
From:

Fax: (718) 595-4422
Fax:

Phone: PII
Phone:

Re: Attendance 4/1-4/5
Date:

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

• Comments: K+B—
Tuesday
Sarah—

Number of Pages: 4 pages

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEKENDING: April 6, 2002 **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	LUNCH IN	DEP	SIGNATURE	REMARKS
MONDAY 4/1							
DIST# 1601 ELLIS, KAREN							out A/L
MACDONALD, BRUCE	11		2	3:30	7		7
TUESDAY 4/2							
DIST# 1601 ELLIS, KAREN							out A/L
MACDONALD, BRUCE	10:05		2	3	6:05		7
WEDNESDAY 4/3							
DIST# 1601 ELLIS, KAREN	11:03		3	4	7:03		7
MACDONALD, BRUCE							
THURSDAY 4/4							
DIST# 1601 ELLIS, KAREN							off
MACDONALD, BRUCE	11		2	3:30	7		6.5 4/24
FRIDAY 4/5							
DIST# 1601 ELLIS, KAREN							out
MACDONALD, BRUCE	11		2	3	7:09		7

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

Certification of Accuracy Ron Macaluso

Supervisor's Signature

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEK: MONDAY - FRIDAY 4/1/02 — 4/5/02

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	/	/					
GRACE, TIEHESIA	12:20	Tiehesia Grace			6:00	Tiehesia Grace	No Lunch
TUES	/	/					
GRACE, TIEHESIA	10:30	Tiehesia Grace			6:00	Tiehesia Grace	No Lunch
WED	/	/					
GRACE, TIEHESIA	10:50	Tiehesia Grace	2:30	3:00	6:15	Tiehesia Grace	1/2 hr lunch
THUR	/	/					
GRACE, TIEHESIA	9:15	Tiehesia Grace			2:30	Tiehesia Grace	
FRI	/	/					
GRACE, TIEHESIA	SL	SICK	LEAVE		OUT OF OFFICE		

Supervisor initials required for other than scheduled work hours.

Certification of Accuracy Rose Marabetti
Supervisor Signature

* will give you the slip for 4/5/02

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE
ENVIRONMENTAL ECONOMICS DEVELOPMENT ASSTNCE

WEEKENDING:(SATURDAY) April 6, 2002 **DIST#: 5005** **UNIT: EEDA**

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: SAVERN GARRAWAY-ROLLINS

NAME	ARR	SIGNATURE	LUNCH OUT	LUNCH IN	DEP	SIGNATURE	REMARKS
SUNDAY							
MONDAY 4/1							
GARRAWAY-ROLLINS, S.	—	—	—	—	—	—	
TUESDAY 4/2							
GARRAWAY-ROLLINS, S.	—	—	—	—		—	
WEDNESDAY 4/3							
GARRAWAY-ROLLINS, S.	—	—	—	—		—	
THURSDAY 4/4							
GARRAWAY-ROLLINS, S.	11	S. Garraway-Rollins	2	3	7	S. Garraway-Rollins	7
FRIDAY 4/5							
GARRAWAY-ROLLINS, S.	11	S. Garraway-Rollins	2	3	7	S. Garraway-Rollins	7
SATURDAY							

Supervisor initials required for other than Scheduled work hours.

Certification of Accuracy

_____ _____
SUPERVISOR