

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

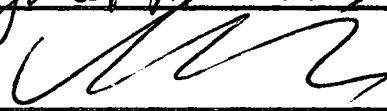
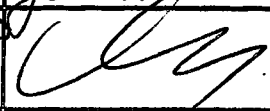
DAY: FRIDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: December 21, 2001

DIST. #: 5000

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		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00AM-4:30P.M.							
Karyn Brun							Day off
Janet Melendres	7 ⁵⁰	Janet Melendres	1 ³⁰	2 ³⁰	2 ³⁰	Janet Melendres	2 hrs 15 min
Virginia Cheng	8 ³⁰		1 ³⁰	2 ³⁰	5 ⁰⁰		7 1/2 hrs
9:00AM-6:00P.M.							
Lisa Reyna	9 ⁰⁵	L Reyna	1 ³⁰	2 ³⁰	6 ⁰⁰	L Reyna	5 1/2 hrs
8:30AM-5:00P.M.							
Josianne Dieudonne	8:30	J. Dieudonne	12	1	5:00	J. Dieudonne	
9:00AM.-5:30P.M.							
Ngozi Abanobi							DAY OFF

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

CERTIFICATION OF ACCURACY

Supervisor 

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

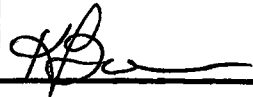
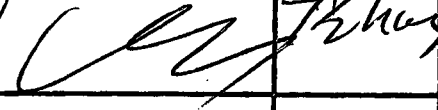
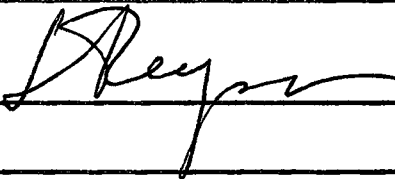
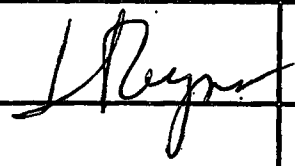
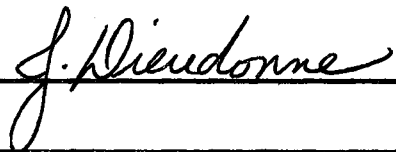
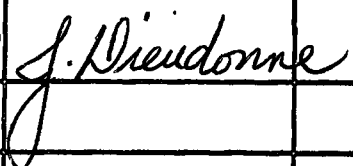
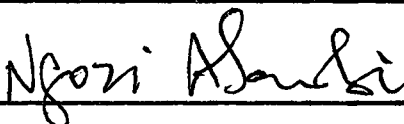
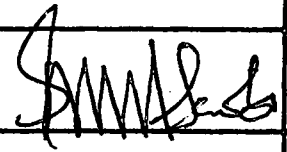
DAY: THURSDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: December 20, 2001

DIST. #: 5000

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		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00AM-4:30P.M.							
Karyn Brun	7 ⁵⁵		1	2	4 ³⁰		
Janet Melendres	7 ⁴⁰		1	2	4 ³⁰		
Virginia Cheng	8 ⁰⁰		1	2	5 ⁰⁰		
9:00AM-6:00P.M.							
Lisa Reyna	9 ⁰⁰		1 ⁵⁰	3 ⁰⁰	6 ⁰⁰		
8:30AM-5:00P.M.							
Josianne Dieudonne	8:20		12	1	5:00		
9:00AM-5:30P.M.							
Ngozi Abanobi	9 ⁰⁵		12 ³⁰	1 ³⁰	5 ³⁰		

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

CERTIFICATION OF ACCURACY

Supervisor 

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

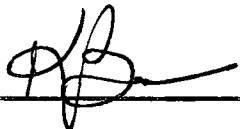
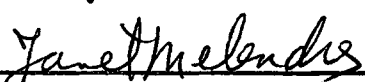
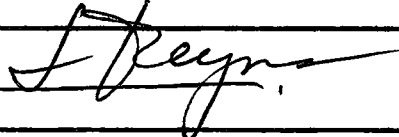
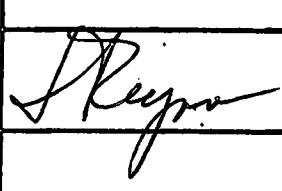
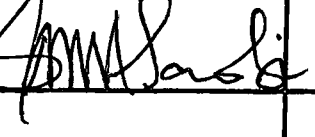
DAY: WEDNESDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: December 19, 2001

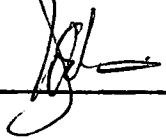
DIST. #: 5000

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		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00AM-4:30P.M.							
Karyn Brun	750		1	2	430		
Janet Melendres	745		1	2	730		New 3 hrs O.T
Virginia Cheng	805		1	2	445		
9:00AM-6:00P.M.							
Lisa Reyna	940				600		8 hrs le
8:30AM-5:00P.M.							
Josianne Dieudonne							DAY OFF
9:00AM.-5:30P.M.							
Ngozi Abanobi	905		1230	130	530		

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

CERTIFICATION OF ACCURACY

Supervisor 



DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

DAY: TUESDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: December 18, 2001

DIST. #: 5000

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		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00AM-4:30P.M.							
Karyn Brun	8 ⁰⁵	<i>[Signature]</i>	1	2	4 ³⁰	<i>[Signature]</i>	
Janet Melendres	7 ⁴⁵	<i>Janet Melendres</i>	1	2	7 ³⁰	<i>Janet Melendres</i>	<i>[Signature]</i> 3 hr O.T.
Virginia Cheng							DAY OFF
9:00AM-6:00P.M.							
Lisa Reyna	12	<i>L. Reyna</i>			6 ⁰⁰	<i>L. Reyna</i>	2 hrs CT 8/134
8:30AM-5:00P.M.							
Josianne Dieudonne	8:30	<i>J. Dieudonne</i>	12	1	4:00	<i>J. Dieudonne</i>	1 hr S/L
9:00AM.-5:30P.M.							
Ngozi Abanobi	9 ³⁰	<i>Ngozi Abanobi</i>	12 ³⁰	1 ³⁰	6 ⁰⁰	<i>[Signature]</i>	1 1/2 hr

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

[Signature]

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TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

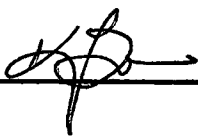
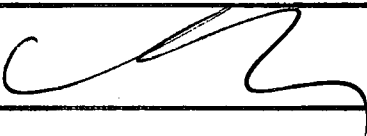
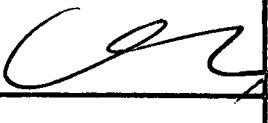
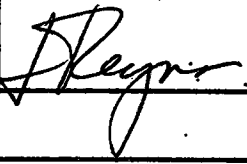
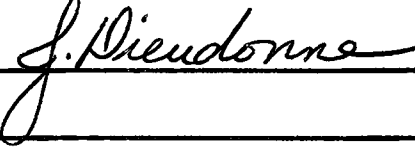
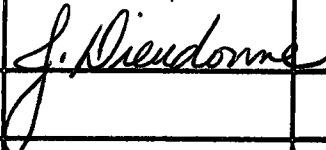
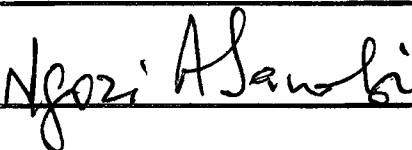
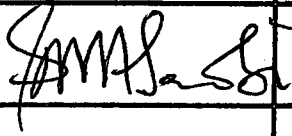
DAY: MONDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: December 17, 2001

DIST. #: 5000

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		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00AM-4:30P.M.							
Karyn Brun	7 ⁵⁰		1	2	4 ³⁰		DAY OFF
Janet Melendres							DAY OFF
Virginia Cheng	8 ⁰⁰		1	2	4 ³⁰		
9:00AM-6:00P.M.							
Lisa Reyna	9 ⁴⁵		1 ¹⁵	2 ³⁰	6 ⁰⁰		8/By
8:30AM-5:00P.M.							
Josianne Dieudonne	8:10		12	1	5:00		
9:00AM-5:30P.M.							
Ngozi Abanobi	8 ⁵⁰		12 ³⁰	1 ³⁰	5 ³⁰		

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

CERTIFICATION OF ACCURACY

Supervisor 