

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

NON-PAY WEEK

DAY: FRIDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: November 30, 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-5:00P.M.							
Karyn Brun	7:40	<i>KB</i>	1	1:30	4:30	<i>KB</i>	8 hrs
Janet Melendres	7:45	<i>Janet Melendres</i>	1	2	5:00	<i>Janet Melendres</i>	
Virginia Cheng	8:00	<i>[Signature]</i>	1:15	2:15	5:00	<i>[Signature]</i>	
9:00AM-5:30P.M.							
Lisa Reyna	9:30	<i>L. Reyna</i>	12:15	1:15	5:30	<i>L. Reyna</i>	
8:30AM-5:30P.M.							
Josianne Dieudonne	8:20	<i>J. Dieudonne</i>	12	1	5:30	<i>J. Dieudonne</i>	
9:00AM-6:00P.M.							
Ngozi Abanobi	9:00	<i>Ngozi Asashi</i>	12:00	1:00	6:00	<i>Ngozi Asashi</i>	

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

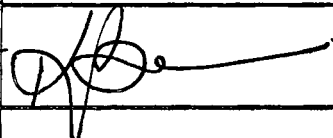
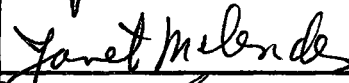
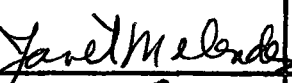
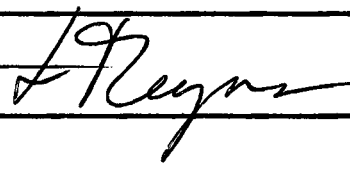
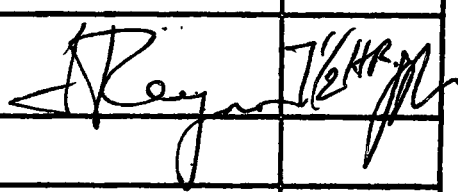
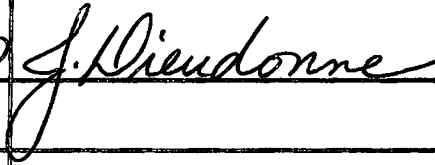
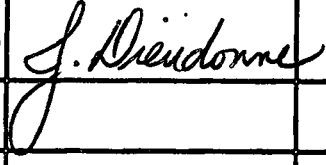
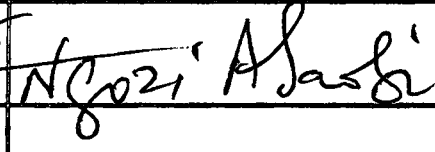
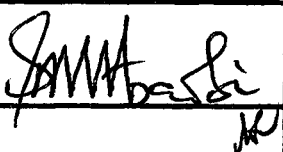
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)
NON-PAY WEEK

DAY: THURSDAY
DATE: November 29, 2001

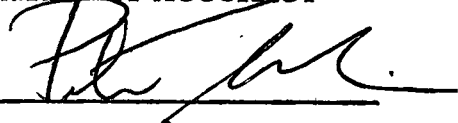
SECTION: ASBESTOS CONTROL PROGRAM
DIST. #: 5000

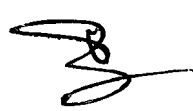
The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00AM-5:00P.M.							
Karyn Brun	7:55		12:30	1:30	5:00		
Janet Melendres	7:50		1	2	5:00		
Virginia Cheng	8:30		1	2	3:30		8 hours
9:00AM-5:30P.M.							
Lisa Reyna	9:15		2:30	3:15	5:30		7 1/2 HR
8:30AM-5:30P.M.							
Josianne Dieudonne	8:30		12	1	5:30		
9:00AM-6:00P.M.							
Ngozi Abanobi	9:15		12:00	1:00	3:15		Charge 3 HRS to Comp Time

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)

NON-PAY WEEK

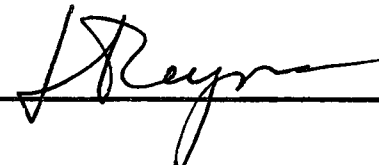
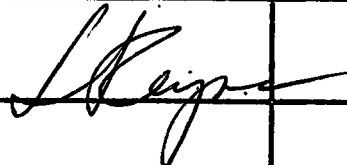
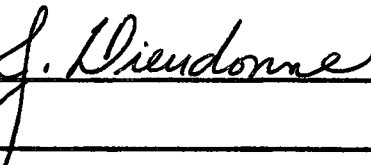
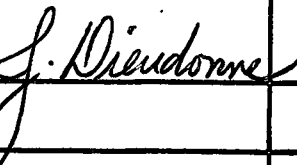
DAY: WEDNESDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: November 28, 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-5:00P.M.							
Karyn Brun	7 ⁵⁰		1 ¹⁰	2 ¹⁰	4 ⁰⁰		1hr AL
Janet Melendres	7 ⁴⁰		1	2	7 ³⁰		2 1/2 hrs OT
Virginia Cheng	8 ⁰⁰		1	2	5 ⁰⁰		
9:00AM-5:30P.M.							
Lisa Reyna	9 ⁰⁰		2 ³⁰	3 ³⁰	5 ³⁰		
8:30AM-5:30P.M.							
Josianne Dieudonne	8:15		12	1	5:30		
9:00AM-6:00P.M.							
Ngozi Abanobi	9 ⁰⁵		12 ⁰⁰	1 ⁰⁰	6 ⁰⁰		

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)
NON-PAY WEEK

DAY: TUESDAY
DATE: November 27, 2001

SECTION: ASBESTOS CONTROL PROGRAM
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-5:00P.M.							
Karyn Brun	8 ⁰⁰	<i>[Signature]</i>	12 ⁰⁰	1 ³⁰	5 ⁰⁰	<i>[Signature]</i>	
Janet Melendres	7 ⁴⁵	<i>Janet Melendres</i>	1	2	7 ³⁰	<i>Janet Melendres</i>	<i>New 2/20.1</i>
Virginia Cheng	8 ⁰⁰	<i>[Signature]</i>	1	2	5 ⁰⁰	<i>[Signature]</i>	
9:00AM-5:30P.M.							
Lisa Reyna		<i>[Signature]</i>					DAY OFF
8:30AM-5:30P.M.							
Josianne Dieudonne	8:25	<i>J. Dieudonne</i>	1:00	2:00	5:30	<i>J. Dieudonne</i>	
9:00AM.-6:00P.M.							
Ngozi Abanobi	9 ⁰⁵	<i>Ngozi Abanobi</i>	12 ⁰⁰	1 ⁰⁰	6 ⁰⁰	<i>NM Sassi</i>	

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

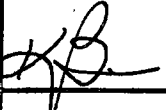
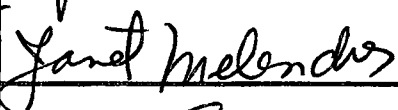
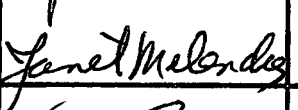
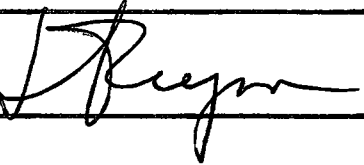
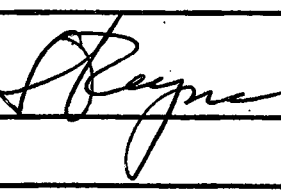
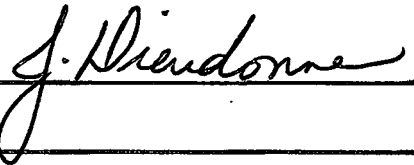
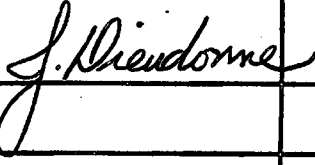
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)
NON-PAY WEEK

DAY: MONDAY
DATE: November 26, 2001

SECTION: ASBESTOS CONTROL PROGRAM
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-5:00P.M.							
Karyn Brun	8 ⁰⁰		12 ³⁰	1 ³⁰	4 ⁰⁰		1 hour Holiday Bank
Janet Melendres	7 ⁴⁵		1	2	5 ⁰⁰		
Virginia Cheng	7 ⁵⁰		1	2	5 ⁰⁰		
9:00AM-5:30P.M.							
Lisa Reyna	9 ⁰⁰		1 ¹⁰	2 ¹⁰	5 ³⁰		
8:30AM-5:30P.M.							
Josianne Dieudonne	8 ²⁵		12	1	5 ³⁰		
9:00AM.-6:00P.M.							
Ngozi Abanobi	9 ⁰⁰		12 ⁰⁰	1 ⁰⁰	6 ⁰⁰		

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

CERTIFICATION OF ACCURACY

Supervisor 