

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

PAY WEEK

DAY: THURSDAY
DATE: October 25, 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-4:30P.M.							
Karyn Brun	7 ⁴⁵	<i>KB</i>	12 ¹⁰	1 ¹⁰	4 ³⁰	<i>KB</i>	
Janet Melendres	7 ⁴⁵	<i>Janet Melendres</i>	1	2	4 ³⁰	<i>Janet Melendres</i>	
Virginia Cheng	8 ¹⁵	<i>[Signature]</i>	1 ⁰⁰	2 ¹⁵	5 ⁰⁰	<i>[Signature]</i>	7 1/2 hours
9:00AM-6:00P.M.							
Lisa Reyna	9 ⁰⁰	<i>[Signature]</i>	1 ⁰⁰	1 ³⁰	5 ³⁰	<i>[Signature]</i>	8 1/2 hours
8:30AM-5:00P.M.							
Josianne Dieudonne		<i>[Signature]</i>					SL
9:00AM-5:30P.M.							
Ngozi Abanobi	9 ⁰⁵	<i>Ngozi Abanobi</i>	1 ⁰⁰	2 ⁰⁰	5 ³⁰	<i>[Signature]</i>	

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

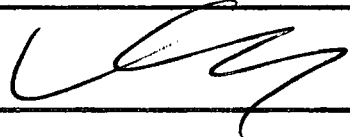
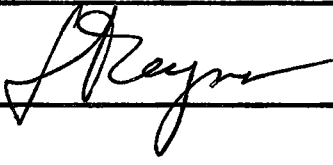
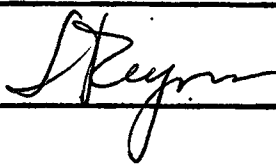
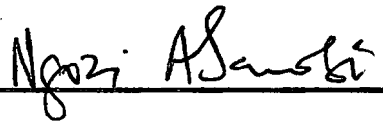
AB

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

DAY: WEDNESDAY
DATE: October 24, 2001

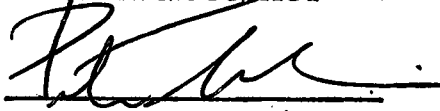
SECTION: ASBESTOS CONTROL PROGRAM
DIST. #: 5000

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-4:30P.M.							
Karyn Brun							SL
Janet Melendres							SL
Virginia Cheng	8 ⁰⁰		1	2	4 ³⁰		
9:00AM-6:00P.M.							
Lisa Reyna	9 ⁰⁰		11 ⁰⁰	2 ¹⁵	6 ⁰⁰		1 1/4 hr (CT)
8:30AM-5:00P.M.							
Josianne Dieudonne							DAY OFF
9:00AM-5:30P.M.							
Ngozi Abanobi	9 ⁰⁵		1 ⁰⁰	2 ⁰⁰	5 ³⁰		

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
DATE: October 23, 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-4:30P.M.							
Karyn Brun	7 ⁵⁵	<i>[Signature]</i>	12 ³⁰	1	4 ⁰⁰	<i>[Signature]</i>	7 1/2 hrs
Janet Melendres	7 ⁴⁵	<i>Janet Melendres</i>	1	2	4 ³⁰	<i>Janet Melendres</i>	
Virginia Cheng							DAY OFF
9:00AM-6:00P.M.							
Lisa Reyna	9 ⁰⁰	<i>[Signature]</i>	1 ²⁵	2 ²⁵	6 ⁰⁰	<i>[Signature]</i>	
8:30AM-5:00P.M.							
Josianne Dieudonne							
9:00AM-5:30P.M.							
Ngozi Abanobi	12 ³⁰	<i>Ngozi Abanobi</i>			5 ³⁰	<i>[Signature]</i>	Will be late work 5 HRS comp 2 1/2 HRS Time

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

[Signature]

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

PAY WEEK

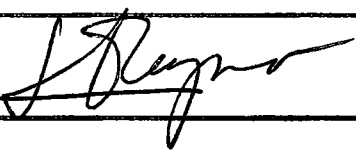
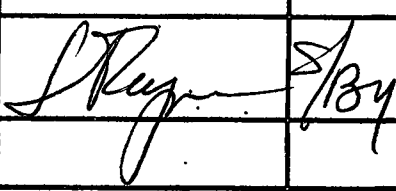
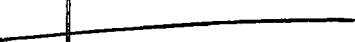
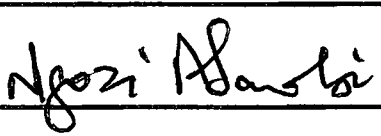
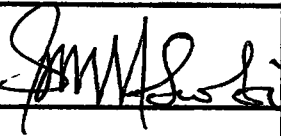
DAY: MONDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: October 22, 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							DAY OFF
Virginia Cheng	8:00		1:20	2:40	4:30		
9:00AM-6:00P.M.							
Lisa Reyna	9:20		1:25	2:10	6:00		S/BY
8:30AM-5:00P.M.							
Josianne Dieudonne							S/K
9:00AM-5:30P.M.							
Ngozi Abanobi	9:05		1:00	2:00	5:30		

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

CERTIFICATION OF ACCURACY

Supervisor 

