

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

NON-PAY WEEK

DAY: FRIDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: October 5, 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 ⁵⁵	<i>KB</i>	12	1	4 ⁰⁰	<i>[Signature]</i>	1hr AL.
Janet Melendres	7 ⁴⁵	<i>Janet Melendres</i>	1	2	5 ⁰⁰	<i>Janet Melendres</i>	
Virginia Cheng							
9:00AM-5:30P.M.							
Lisa Reyna	9 ²⁵	<i>L. Reyna</i>	1 ³⁵	2 ⁴⁰	6 ⁰⁰	<i>L. Reyna</i>	<i>[Signature]</i>
8:30AM-5:30P.M.							
Josianne Dieudonne	8:15	<i>J. Dieudonne</i>	12	1	5:30	<i>J. Dieudonne</i>	
9:00AM-6:00P.M.							
Ngozi Abanobi	9 ⁰⁵	<i>Ngozi Abanobi</i>	1 ¹⁰	2 ¹⁰	6 ⁰⁰	<i>Ngozi Abanobi</i>	

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

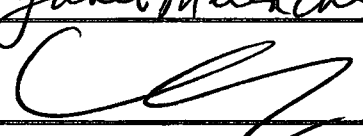
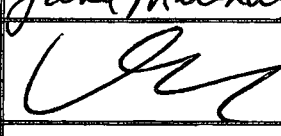
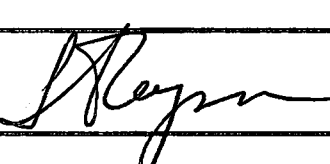
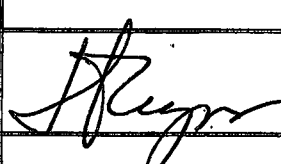
[Signature]

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

DAY: THURSDAY
DATE: October 4, 2001

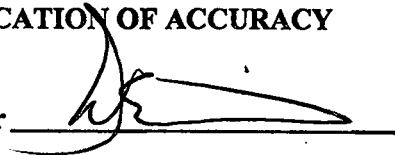
SECTION: ASBESTOS CONTROL PROGRAM
DIST. #: 5000

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	7:40		12	1	5:00		
Janet Melendres	7:45	Janet Melendres	1	2	5:00	Janet Melendres	
Virginia Cheng	8:00		1	2	5:00		
9:00AM-5:30P.M.							
Lisa Reyna	9:00		1:00	2:00	5:30		
8:30AM-5:30P.M.							
Josianne Dieudonne	8:30	J. Dieudonne	12	1	5:30	J. Dieudonne	
9:00AM-6:00P.M.							
Ngozi Abanobi	9:00	Ngozi Abanobi	1:00	2:00	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

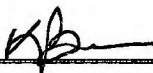
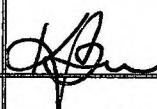
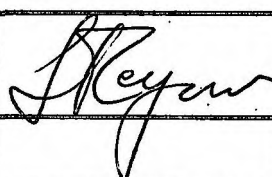
DAY: WEDNESDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: October 3, 2001

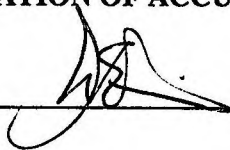
DIST. #: 5000

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		12	1	4		1 hour AL
Janet Melendres	7:45	Janet Melendres	1	2	7:30	Janet Melendres	2 1/2 hrs O.T.
Virginia Cheng	8:00		12:30	1:30	5:00		
9:00AM-5:30P.M.							
Lisa Reyna	9:15		2:00	3:10	6:00		7 1/2 hrs PM
8:30AM-5:30P.M.							
Josianne Dieudonne	8:15	J. Dieudonne	12	1	5:30	J. Dieudonne	
9:00AM-6:00P.M.							
Ngozi Abanobi	9:05	Ngozi Abanobi	1:00	2:00	6:00	Ngozi Abanobi	

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)
NON-PAY WEEK

DAY: TUESDAY
DATE: October 2, 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	5 ⁰⁰	<i>[Signature]</i>	
Janet Melendres	7 ³⁰	<i>Janet Melendres</i>	1	2	5 ⁰⁰	<i>Janet Melendres</i>	
Virginia Cheng	8 ⁰⁰	<i>[Signature]</i>	1	2	5 ⁰⁰	<i>[Signature]</i>	
9:00AM-5:30P.M.							
Lisa Reyna							DAY OFF
8:30AM-5:30P.M.							
Josianne Dieudonne	8:05	<i>J. Dieudonne</i>	12:05	1:05	5:30	<i>J. Dieudonne</i>	
9:00AM.-6:00P.M.							
Ngozi Abanobi	11 ⁰⁰	<i>Ngozi Abanobi</i>	<i>—</i>		6 ⁰⁰	<i>[Signature]</i>	will be late to charge 2 hrs to A/L work 6 hr

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

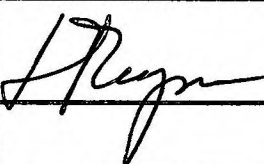
DAY: MONDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: October 1, 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		12	1	4:00		1 hr AL
Janet Melendres	7:50	Janet Melendres	1	2	5:00	Janet Melendres	
Virginia Cheng	8:00		1	2	5:00		
9:00AM-5:30P.M.							
Lisa Reyna	9:00		2:50	3:45	8:00		10 HR 2 1/2 hrs of SAC
8:30AM-5:30P.M.							
Josianne Dieudonne	8:20	J. Dieudonne	12	1	1:00	J. Dieudonne	4 1/2 hrs S/L
9:00AM-6:00P.M.							
Ngozi Abanobi	9:00	Ngozi Abanobi	1:10	2:10	6:50		

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

CERTIFICATION OF ACCURACY

Supervisor 

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