

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

PAY WEEK

DAY: FRIDAY
DATE: September 28, 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 ³⁰	<i>K Brun</i>	1 ³⁰	3 ³⁰	2 ³⁰	<i>K Brun</i>	2 hrs AL
Janet Melendres	7 ³⁵	<i>Janet Melendres</i>	1	2	7 ³⁰	<i>Janet Melendres</i>	3 hrs O.T.
Virginia Cheng	8 ⁰⁵	<i>Virginia Cheng</i>	1	2	4 ³⁰	<i>Virginia Cheng</i>	P.R. Rahn
9:00AM-6:00P.M.							
Lisa Reyna							
	8 ⁴⁰	<i>L Reyna</i>	1 ²⁰	2 ²⁰	8 ⁰⁰	<i>L Reyna</i>	10 hrs O.T.
8:30AM-5:00P.M.							
Josianne Dieudonne	8 ¹⁰	<i>J. Dieudonne</i>	12	1	5:00	<i>J. Dieudonne</i>	2 hrs O.T.
9:00AM-5:30P.M.							
Ngozi Abanobi	4 ³⁰ 4pm	<i>Ngozi Abanobi</i>			7 ³⁰ 7pm	<i>Ngozi Abanobi</i>	3 HRS DAY OFF WTC
11	10 ⁰⁰ 10am	<i>Ngozi Abanobi</i>	1 ⁰⁰	2 ⁰⁰	8pm	<i>Ngozi Abanobi</i>	9 HRS OT WTC

9-29-01/9-29-01

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*
[Signature]

[Signature]

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

PAY WEEK

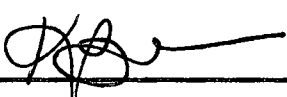
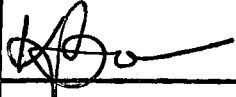
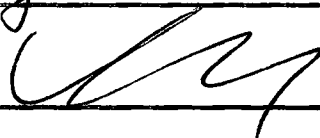
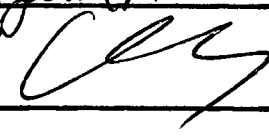
DAY: THURSDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: September 27, 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	745		1	2	500		3 1/2 hrs O.T WTC
Janet Melendres	745	Janet Melendres	12 ³⁰	1 ³⁰	4 ³⁰	Janet Melendres	
Virginia Cheng	800		1 ⁰⁰	1 ³⁰	4 ⁰⁰		2 1/2 hrs M
9:00AM-6:00P.M.							
Lisa Reyna	9 ⁰⁰	Lisa Reyna	1 ¹⁵	2 ¹⁵	5 ⁰⁰	Lisa Reyna	1 hr CT
8:30AM-5:00P.M.							
Josianne Dieudonne	8:00	J. Dieudonne	12:10	1:10	5:00	J. Dieudonne	
9:00AM-5:30P.M.							
Ngozi Abanobi	9 ⁰⁵	Ngozi Abanobi	12 ³⁰	1 ³⁰	5 ³⁰	Ngozi Abanobi	

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

CERTIFICATION OF ACCURACY

Supervisor 

24

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

PAY WEEK

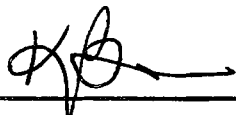
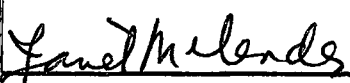
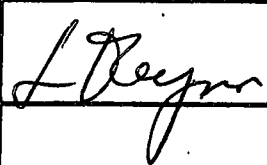
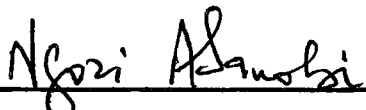
DAY: WEDNESDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: September 26, 2001

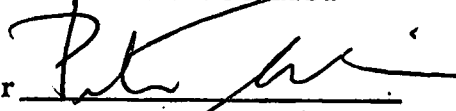
DIST. #: 5000

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 ¹⁰		1 ³⁰	2 ³⁰	8 ⁰⁰		3 1/2 hrs O.T. W.T.C
Janet Melendres	7 ⁵⁰		1	2	4 ³⁰		
Virginia Cheng	8 ⁰⁰		12 ²⁰	1 ³⁰	7 ³⁰		3 hours O.T. Revo
9:00AM-6:00P.M.							
Lisa Reyna	8 ⁴⁵		1 ⁰⁰	2 ⁰⁰	8 ⁰⁰		
8:30AM-5:00P.M.							
Josianne Dieudonne							DAY OFF
9:00AM.-5:30P.M.							
Ngozi Abanobi	9 ⁰⁰		12 ⁴⁵	1 ⁴⁵	5 ³⁰		

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

CERTIFICATION OF ACCURACY

Supervisor 

24

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

PAY WEEK

DAY: TUESDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: September 25, 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 ⁰⁰	<i>[Signature]</i>	1	2	4 ³⁰	<i>[Signature]</i>	
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>	12 ³⁰	1 ³⁰	8 ⁰⁰	<i>[Signature]</i>	10HRS 2 hrs WTR
8:30AM-5:00P.M.							
Josianne Dieudonne							A/L
9:00AM-5:30P.M.							
Ngozi Abanobi	9 ⁰⁰	<i>Ngozi Abanobi</i>	12 ³⁰	1 ³⁰	5 ³⁰	<i>[Signature]</i>	

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

[Handwritten mark]

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

PAY WEEK

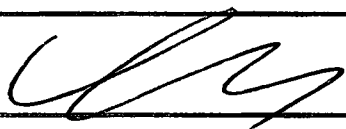
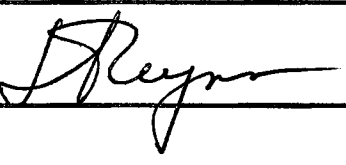
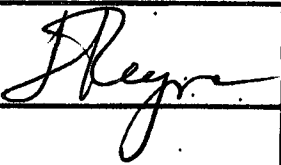
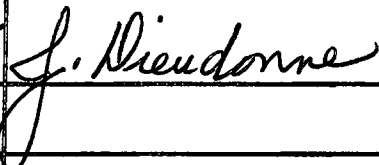
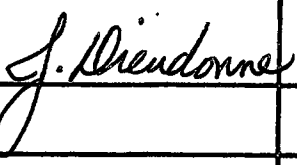
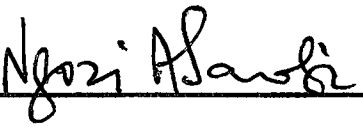
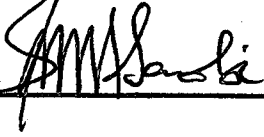
DAY: MONDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: September 24, 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	2 ⁴⁵			7 1/2 hours
9:00AM-6:00P.M.							
Lisa Reyna	9 ⁰⁰		1 ⁰⁰	2 ⁰⁰	6 ⁰⁰		
8:30AM-5:00P.M.							
Josianne Dieudonne	8:05		12	1	5:00		
9:00AM-5:30P.M.							
Ngozi Abanobi	9 ⁰⁰		12 ³⁵	1 ³⁵	7 ⁰⁰		1 1/2 Hrs O.T. (WTD)
							1 1/2

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

CERTIFICATION OF ACCURACY

Supervisor 