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	K Brun	1:30	2:30	2:30	K Brun	2 hrs AL
Janet Melendres	7:35	Janet Melendres	1	2	7:30	Janet Melendres	3 hrs O.T.
Virginia Cheng	8:05		1	2	4:30		R.R.
9:00AM-6:00P.M.							
Lisa Reyna	8:40	L Reyna	1:20	2:20	8:00	L Reyna	10 hrs O.T.
8:30AM-5:00P.M.							
Josianne Dieudonne	8:10	J. Dieudonne	12	1	5:00	J. Dieudonne	
9:00AM.-5:30P.M.							
Ngozi Abanobi	4:30 pm	Ngozi Abanobi			7:30 pm	Ngozi Abanobi	3HRS OT DAY OFF WTC
9-29-01/9-28/01 11	10:00 Am	Ngozi Abanobi	1:00	2:00	8pm	Ngozi Abanobi	9HRS OT WTC

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

CERTIFICATION OF ACCURACY

Supervisor P Kehoe

P Kehoe

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	K Brun	1	2	500	K Brun	3½ HRS O.T WTC
Janet Melendres	745	Janet Melendres	12:30	1:30	4:30	Janet Melendres	
Virginia Cheng	800	V Cheng	1:00	1:30	4:00	V Cheng	7½ hrs
9:00AM-6:00P.M.							
Lisa Reyna	9:00	L Reyna	1:15	2:15	5:00	L Reyna	1HR C/T
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	905	Ngozi Abanobi	12:30	1:30	5:30	Ngozi Abanobi	

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

CERTIFICATION OF ACCURACY

Supervisor P. Lee

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	7:40	K Brun	1:30	2:30	8:00	K Brun	3½ hrs O.T. W.T.C
Janet Melendres	7:50	Janet Melendres	1	2	4:30	Janet Melendres	
Virginia Cheng	8:00	C Cheng	12:30	1:30	7:30	C Cheng	3 hours OT Approved
9:00AM-6:00P.M.							
Lisa Reyna	8:45	L Reyna	1:00	2:00	8:00	L Reyna	
8:30AM-5:00P.M.							
Josianne Dieudonne							DAY OFF
9:00AM.-5:30P.M.							
Ngozi Abanobi	9:00	Ngozi Abanobi	12:45	1:45	5:30	Ngozi Abanobi	

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

CERTIFICATION OF ACCURACY

Supervisor P Lee

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

DAY: TUESDAY

DATE: September 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	8⁰⁰	[signature]	1	2	4³⁰	[signature]	
Janet Melendres	7⁴⁵	Janet Melendres	1	2	4³⁰	Janet Melendres	
Virginia Cheng							DAY OFF
9:00AM-6:00P.M.							
Lisa Reyna	9⁰⁰	[signature]	12³⁰	1³⁰	8⁰⁰	[signature]	10HRS
							2hr WTC
8:30AM-5:00P.M.							
Josianne Dieudonne							A/L
9:00AM.-5:30P.M.							
Ngozi Abanobi	9⁰⁰	Ngozi Abanobi	12³⁰	1³⁰	5³⁰	[signature]	

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

CERTIFICATION OF ACCURACY

Supervisor [signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

DAY: MONDAY

DATE: September 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							DAY OFF
Janet Melendres							DAY OFF
Virginia Cheng	8:00		1	2	4:5[illegible]		7½ hours
9:00AM-6:00P.M.							
Lisa Reyna	9:00	L Reyna	1:00	2:00	6:00	L Reyna	
8:30AM-5:00P.M.							
Josianne Dieudonne	8:05	J. Dieudonne	12	1	5:00	J. Dieudonne	
9:00AM.-5:30P.M.							
Ngozi Abanobi	9:00	Ngozi Abanobi	12:35	1:35	7:00	[illegible]	1½ HRS O.T.(WTC)

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

CERTIFICATION OF ACCURACY

Supervisor _____