DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

NON-PAY WEEK

DAY: FRIDAY **SECTION:** ASBESTOS CONTROL PROGRAM

DATE: September 21, 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 OUT	LUNCH IN	DEP.	SIGNATURE	REMARKS
FULL TIME							
8:00AM-5:00P.M.							
Karyn Brun	900		1	2	500		
Janet Melendres	745	Janet Melendres	1	2	500	Janet Melendres	
Virginia Cheng	800		—		200		3hrs CT
9:00AM-5:30P.M.							
Lisa Reyna	910		1230	100	545		
8:30AM-5:30P.M.							
Josianne Dieudonne	—	—					SL
9:00AM.-6:00P.M.							
Ngozi Abanobi	900	Ngozi Abanobi	1230	130	600		
Ngozi Abanobi	1000	Ngozi Abanobi	105	205	800pm		9 HRS O.T. W.T.C.

Sat 9/22/01

Sat 9/22/01

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: THURSDAY

DATE: September 20, 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 OUT	LUNCH IN	DEP.	SIGNATURE	REMARKS
FULL TIME							
8:00AM-5:00P.M.							
Karyn Brun	7:35	KBrun	1	2	5:00	KBrun	
Janet Melendres	8:00	Janet Melendres	2	3	3:00	Janet Melendres	2 hrs S.L.
Virginia Cheng	7:55		1:00	2:00	5:00		
9:00AM-5:30P.M.	9:00				2:00		7½ 3 hrs
Lisa Reyna	8:30	LReyna	12:00	1:05	8:00	LReyna (2 more)	10 Hrs.
							M
8:30AM-5:30P.M.							
Josianne Dieudonne							S/L
9:00AM.-6:00P.M.							
Ngozi Abanobi	9:05	Ngozi Abanobi	12:30	1:30	6:00	Ngozi Abanobi	

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: September 19, 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	7:45	K Brun	1	2	8:00	K Brun	3 hrs O.T. WTC
Janet Melendres	8:00	Janet Melendres	1	2	7:30	Janet Melendres	2½ O.T. Work 6 hrs
Virginia Cheng	10:30		1:30	2:00	7:30		2½ O.T.
9:00AM-5:30P.M.				lunch		½ - not	
Lisa Reyna	9:20	L Reyna	½		8:00	L Reyna	9½ Hrs
8:30AM-5:30P.M.						½	
Josianne Dieudonne	8:15	J. Dieudonne	12	1	2:00	J. Dieudonne	1/2 hr comp 3 hrs S/L
9:00AM.-6:00P.M.							
Ngozi Abanobi	9:00	Ngozi Abanobi	35 12	1:35	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 **SECTION:** ASBESTOS CONTROL PROGRAM

DATE: September 18, 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	K Brun	1	2	8:00	K Brun	3 Hrs O.T. W.T.C
Janet Melendres	7:45	Janet Melendres	1	2	4:30	Janet Melendres	1/2 C.T.
Virginia Cheng	8:00	V Cheng	12:30	1:30	7:30	V Cheng	2 1/2 O.T.
9:00AM-5:30P.M.							
Lisa Reyna							DAY OFF
8:30AM-5:30P.M.							
Josianne Dieudonne	8:20	J. Dieudonne	1:05	2:00	5:30	J. Dieudonne	
9:00AM.-6:00P.M.							
Ngozi Abanobi	10:30	Ngozi Abanobi	12:40	1:40	5:30	Ngozi Abanobi	change (2) Hrs to Annual Leave

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: MONDAY

DATE: September 17, 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	7:45	K Brun	1	2	5	K Brun	
Janet Melendres	8:00	Janet Melendres	1	2	8:00	Janet Melendres	3 hrs O.T.
Virginia Cheng							
9:00AM-5:30P.M.							
Lisa Reyna	9:30	L. Reyna	1:15	1:45	6:00	L Reyna	7½ HR.
8:30AM-5:30P.M.							
Josianne Dieudonne	8:30	J. Dieudonne	12	1	5:30	J. Dieudonne	
9:00AM.-6:00P.M.							
Ngozi Abanobi	8:50	Ngozi Abanobi	12:30	1:30	6:00	Ngozi Abanobi	

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

CERTIFICATION OF ACCURACY

Supervisor _____