

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

DAY: FRIDAY
DATE: September 21, 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>	1	2	5 ⁰⁰	<i>[Signature]</i>	
Janet Melendres	7 ⁴⁵	<i>Janet Melendres</i>	1	2	5 ⁰⁰	<i>Janet Melendres</i>	
Virginia Cheng	8 ⁰⁰	<i>[Signature]</i>	—	—	2 ⁰⁰	<i>[Signature]</i>	3 hrs CT
9:00AM-5:30P.M.							
Lisa Reyna	9 ¹⁰	<i>L. Reyna</i>	12 ³⁰	1 ⁰⁰	5 ⁴⁵	<i>L. Reyna</i>	
8:30AM-5:30P.M.							
Josianne Dieudonne	—	—					SL
9:00AM.-6:00P.M.							
Ngozi Abanobi	9 ⁰⁰	<i>Ngozi Abanobi</i>	12 ³⁰	1 ³⁰	6 ⁰⁰	<i>Ngozi Abanobi</i>	
Ngozi Abanobi	10 ⁰⁰	<i>Ngozi Abanobi</i>	1 ⁰⁵	2 ⁰⁵	8 ⁰⁰	<i>Ngozi Abanobi</i>	9 HRS 00 M W.T.C.

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

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*

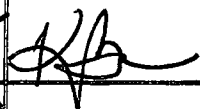
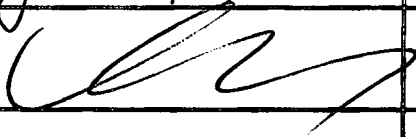
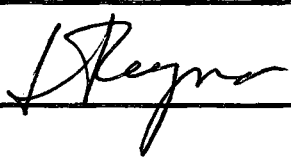
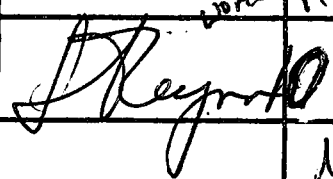
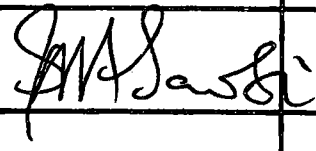
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

NON-PAY WEEK

DAY: THURSDAY
DATE: September 20, 2001

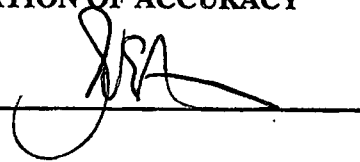
SECTION: ASBESTOS CONTROL PROGRAM
DIST. #: 5000

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		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00AM-5:00P.M.							
Karyn Brun	7 ³⁵		1	2	5 ⁰⁰		
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.							
Lisa Reyna	8 ³⁰		12 ⁰⁰	1 ⁰⁵	8 ⁰⁰		work 7 1/2 hrs 1 hr.
							hr
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		

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

CERTIFICATION OF ACCURACY

Supervisor 

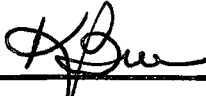
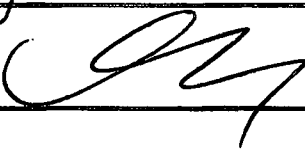
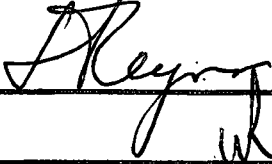
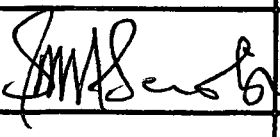
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)
NON-PAY WEEK

DAY: WEDNESDAY
DATE: September 19, 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		1	2	8:00		3 hrs O.T. WTC
Janet Melendres	8:00	Janet Melendres	1	2	7:30	Janet Melendres	2 1/2 O.T. ^{please}
Virginia Cheng	10:30		1:30	2:00	7:30		2 1/2 O.T. ^{work 6 hrs}
							same
9:00AM-5:30P.M.							
Lisa Reyna	9:20		1 1/2		8:00		9 1/2 hrs ^{1 1/2 - 2 1/2 not}
8:30AM-5:30P.M.							
Josianne Dieudonne	8:15	J. Dieudonne	12	1	2:00	J. Dieudonne	1 1/2 hr comp 3 hrs S/L
9:00AM.-6:00P.M.							
Ngozi Abanobi	9:00	Ngozi Abanobi	3:55	1:35	6:00		

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

CERTIFICATION OF ACCURACY

Supervisor 

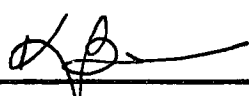
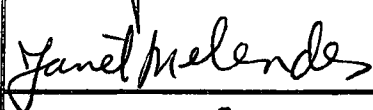
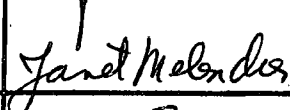
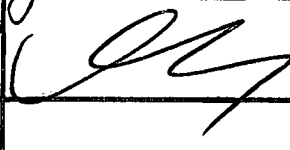
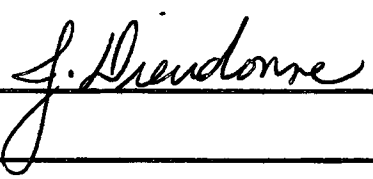
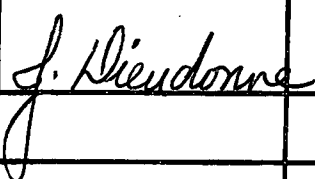
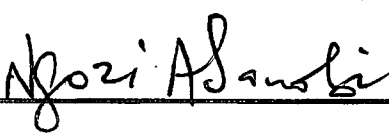
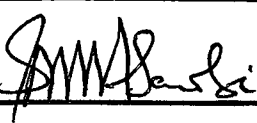


DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)
NON-PAY WEEK

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

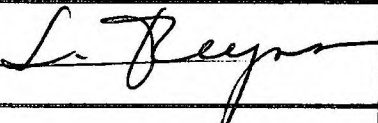
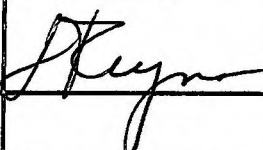
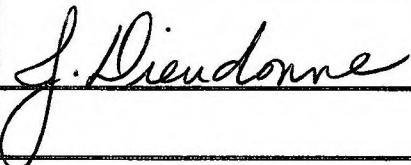
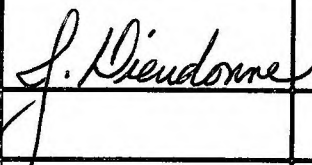
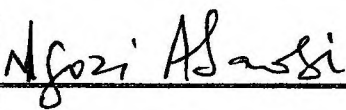
DAY: MONDAY

SECTION: ASBESTOS CONTROL PROGRAM

DATE: September 17, 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
			OUT	IN			
FULL TIME							
8:00AM-5:00P.M.							
Karyn Brun	745		1	2	5		
Janet Melendres	8 ⁰⁰		1	2	8 ⁰⁰		3 hrs O.T.
Virginia Cheng							
9:00AM-5:30P.M.							
Lisa Reyna	9 ³⁰		1 ¹⁵	1 ⁴⁵	6 ⁰⁰		1 1/2 Hrs. P
8:30AM-5:30P.M.							
Josianne Dieudonne	8:30		12	1	5:30		
9:00AM.-6:00P.M.							
Ngozi Abanobi	8 ⁵⁰		12 ³⁰	1 ³⁰	6 ⁰⁰		

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

CERTIFICATION OF ACCURACY

Supervisor 

