

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

DAY FRIDAY

SECTION ASBESTOS AND LEAD CONTROL PROGRAM

DATE July 20, 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-4:30PM							
KARYN BRUN	7 ³⁰	<i>[Signature]</i>	12	1	4 ³⁰	<i>[Signature]</i>	
JANET MELENDRES	7 ⁴⁵	<i>Janet Melendres</i>	1	2	4 ³⁰	<i>Janet Melendres</i>	
VIRGINIA CHENG	8 ⁰⁰	<i>[Signature]</i>	1 ³⁰	2 ⁰⁰	4 ¹⁰	<i>[Signature]</i>	7 1/2 hour
9:00 AM - 5:00 PM 8:30AM-5:30PM							
LISA REYNA	9 ⁰⁵	<i>[Signature]</i>			2 ³⁵	<i>[Signature]</i>	2 1/2 Hr A/L worked <i>[Signature]</i>
8:30AM-5:00PM							
JOSIANNE DIEUDONNE	8:10	<i>J. Dieudonne</i>	12	1	5:00	<i>J. Dieudonne</i>	
9:00AM-5:30PM							
NGOZI ABANOBI							DAY OFF

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

DEPARTMENT OF ENVIRONMENTAL PROTECTION

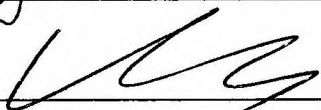
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

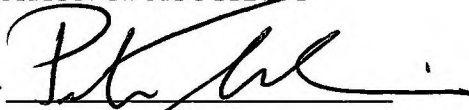
DAY: THURSDAY
DATE: July 19, 2001

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-4:30P.M.							
Karyn Brun	7 ²⁰		12 ⁰⁰	1	4 ³⁰		
Janet Melendres	7 ⁴⁰	Janet Melendres	1 ¹⁰	2 ¹⁰	4 ³⁰	Janet Melendres	
Virginia Cheng	7 ⁵⁵		1	2	4 ³⁰		
9:00AM-6:00PM 8:30AM-5:30P.M.							
Lisa Reyna	8 ⁴⁵	L. Reyna	1 ⁰⁰	1 ¹⁰	6 ¹⁵	L. Reyna	
8:30AM-5:00P.M.							
Josianne Dieudonne	8:25	J. Dieudonne	12	1	5:00	J. Dieudonne	
9:00AM.-5:30P.M.							
Ngozi Abanobi							EAL

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)
PAY WEEK

DAY WEDNESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE July 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-4:30PM							
KARYN BRUN	7 ⁵⁵	<i>KB</i>	12	1	4 ³⁰	<i>KB</i>	
JANET MELENDRES	7 ⁴⁰	<i>Janet Melendres</i>	1	2	4 ³⁰	<i>Janet Melendres</i>	
VIRGINIA CHENG	8 ¹⁵	<i>VC</i>	1 ¹⁵	2 ⁰⁰	7 ³⁰	<i>VC</i>	3 hrs 0-7 New
8:30AM-5:30PM 9:00 - 6:00							
LISA REYNA	8 ⁵⁰	<i>L Reyna</i>	10 ⁰⁰	11 ⁰⁵	6 ⁰⁰	<i>L Reyna</i>	
8:30AM-5:00PM							
JOSIANNE DIEUDONNE							DAY OFF
9:00AM-5:30PM							
NGOZI ABANOBI	9 ⁰⁰	<i>Nguzi Abanobi</i>	1 ¹⁰	2 ¹⁰	5 ³⁰	<i>Nguzi Abanobi</i>	

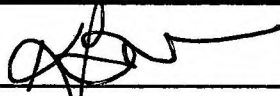
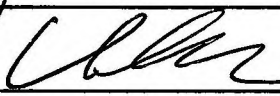
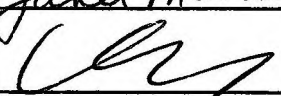
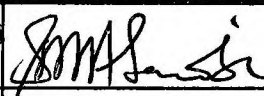
Supervisor's initials required for other than scheduled work hours.

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*
BY

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

DAY TUESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE July 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
FULL TIME			OUT	IN			
8:00AM-4:30PM							
KARYN BRUN	7:40		12:40	1:40	4:30		
JANET MELENDRES	8:00	Janet Melendres	1	2	4:30	Janet Melendres	
VIRGINIA CHENG	8:00		1	2	4:30		7 1/2 hours DAY OFF
9:00AM-6:00PM 8:30AM-5:30PM							
LISA REYNA	9:00	L Reyna	12:50	2:30	6:00	L Reyna	45 min CT
8:30AM-5:00PM							
JOSIANNE DIEUDONNE	8:10	J. Dieudonne	12	1	5:00	J. Dieudonne	
9:00AM-5:30PM							
NGOZI ABANOBI	9:00	Ngozi Abanobi	1:05	2:05	5:30		

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

CERTIFICATION OF ACCURACY

Supervisor



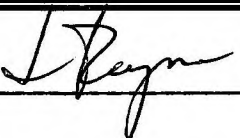
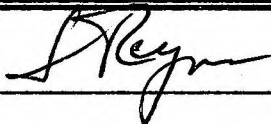
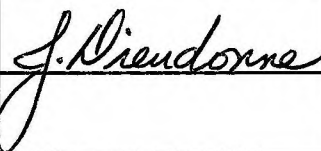
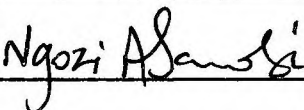
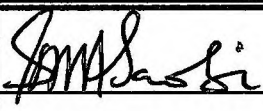
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

DAY MONDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE July 16, 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-4:30PM							
KARYN BRUN							DAY OFF
JANET MELENDRES							DAY OFF
VIRGINIA CHENG	7 ⁵⁰		1	2	4 ³⁰		
8:30AM-5:30PM							
LISA REYNA	8 ²⁰		1 ¹⁰	2 ¹⁰	5 ³⁵		
8:30AM-5:00PM							
JOSIANNE DIEUDONNE	8:15		12:15	1:15	5:00		
9:00AM-5:30PM							
NGOZI ABANOBI	9 ⁰⁵		1 ⁰⁰	2 ⁰⁰	5 ³⁰		

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

CERTIFICATION OF ACCURACY

Supervisor 
