

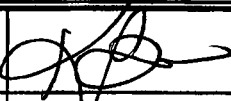
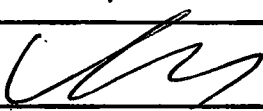
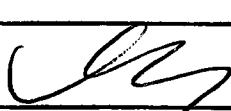
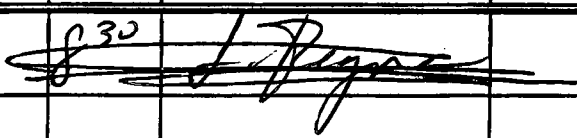
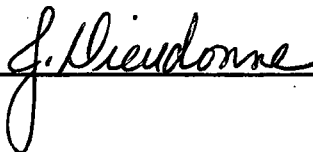
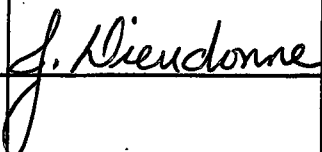
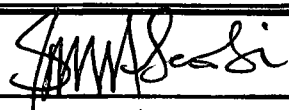
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

NON -PAY WEEK

DAY FRIDAY
DATE June 29, 2001

SECTION ASBESTOS AND LEAD 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-5:00PM							
KARYN BRUN	745		1 ⁰⁰	2 500			
JANET MELENDRES							Comp Time
VIRGINIA CHENG	755		1230	100 430			8 hrs
8:30AM-5:00PM							
LISA REYNA	830						EAL
8:30AM-5:30PM							
JOSIANNE DIEUDONNE	8:15		12:30	1:30 5:30			
9:00AM-6:00PM							
NGOZI ABANOBI	9 ⁰⁰		1245	145 6 ⁰⁰			

Supervisor's initials 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 SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE June 28, 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-5:00PM							
KARYN BRUN	9 ⁰⁰	<i>[Signature]</i>	130	2 ⁰⁰	430	<i>[Signature]</i>	This called IRRAL will be late
JANET MELENDRES	730	<i>Janet Melendres</i>	—	1 ⁰⁰	1 ⁰⁰	<i>Janet Melendres</i>	
VIRGINIA CHENG	8 ⁰⁰	<i>[Signature]</i>	12	1	5 ⁰⁰	<i>[Signature]</i>	
8:30AM-5:00PM							
LISA REYNA							EAL
8:30AM-5:30PM							
JOSIANNE DIEUDONNE	8:15	<i>J. Dieudonne</i>	12	1	5:30	<i>J. Dieudonne</i>	
9:00AM-6:00PM							
NGOZI ABANOBI	10 ⁰⁰	<i>Ngozi Asarbi</i>	1235	135	6 ⁰⁰	<i>[Signature]</i>	There will be late charge one (1) HR to A/A

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

[Signature]

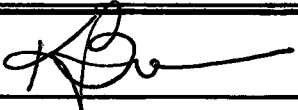
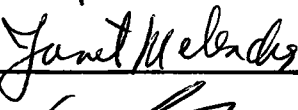
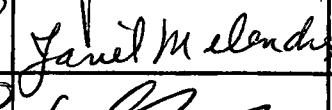
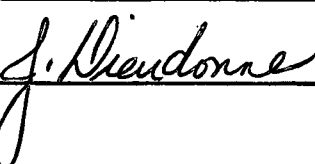
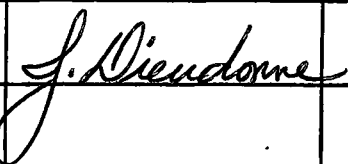
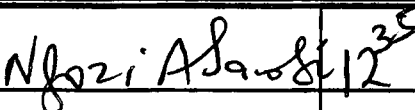
CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

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

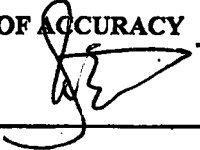
DAY WEDNESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE June 27, 2001 DIST. # 5000

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-5:00PM							
✓ KARYN BRUN	7 ⁵⁵		1 ⁰⁰	2 ⁰⁰	5 ⁰⁰		
✓ JANET MELENDRES	7 ⁵⁰		1	2	5 ⁰⁰		
✓ VIRGINIA CHENG	8 ⁰⁰		12 ³⁰	1 ³⁰	5 ⁰⁰		
8:30AM-5:00PM							
✓ LISA REYNA							called sick
8:30AM-5:30PM							
✓ JOSIANNE DIEUDONNE	8:15		1	2	5:30		
9:00AM-6:00PM							
✓ NGOZI ABANOBI	9 ⁰⁰		12 ³⁵	1 ³⁵	6 ⁰⁰		


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

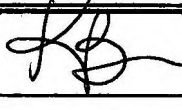
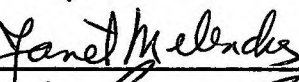
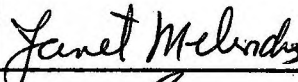
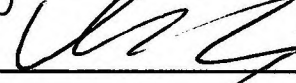
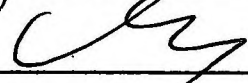
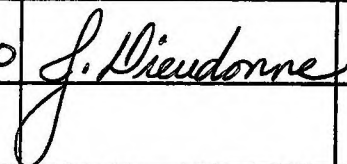
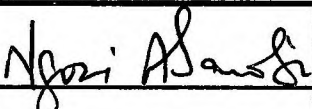
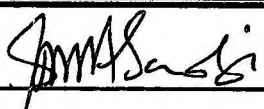
CERTIFICATION OF ACCURACY

Supervisor 

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

DAY TUESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE June 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-5:00PM							
KARYN BRUN	7 ⁵⁵		1 ³⁰	2 ³⁰	5 ⁰⁰		
JANET MELENDRES	7 ³⁵		1	2	5 ⁰⁰		
VIRGINIA CHENG	8 ⁰⁵		1	2	5 ⁰⁰		
8:30AM-5:00PM							
LISA REYNA							DAY OFF
8:30AM-5:30PM							
JOSIANNE DIEUDONNE	8:05		12:10	1:10	5:30		
9:00AM-6:00PM							
NGOZI ABANOBI	9 ⁰⁰		12 ³⁰	1 ³⁰	6 ⁰⁰		

Supervisor's initials 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 AND LEAD CONTROL PROGRAM

DATE June 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-5:00PM							
KARYN BRUN	8 ⁰⁰	<i>KB</i>	1	2	5 ⁰⁰	<i>KB</i>	
JANET MELENDRES	7 ⁵⁰	<i>Janet Melendes</i>	1	2	5 ⁰⁰	<i>Janet Melendes</i>	
VIRGINIA CHENG	8 ⁰⁰	<i>VC</i>	1	2	5 ⁰⁰	<i>VC</i>	
8:30AM-5:00PM							
LISA REYNA							
8:30AM-5:30PM							
JOSIANNE DIEUDONNE	8:10	<i>J. Dieudonne</i>	12	1	5:30	<i>J. Dieudonne</i>	
9:00AM-6:00PM							
NGOZI ABANOBI	9 ⁰⁰	<i>Ngozi Abanobi</i>	1 ⁰⁰	2 ⁰⁰	6 ⁰⁰	<i>Ngzi Abanobi</i>	

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

CERTIFICATION OF ACCURACY

Supervisor *Peter [Signature]*