

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

DAY FRIDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE June 22, 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							Emergency
JANET MELENDRES	7 ⁵⁰	Janet Melendres	1	2	4 ³⁰	Janet Melendres	
VIRGINIA CHENG	8 ⁰⁰		1	2	4 ³⁰		
8:30AM-5:30PM							
LISA REYNA	8 ³⁵	L. Reyna	1 ¹⁰	3 ⁰⁰	5 ³⁵	L. Reyna	1/20/T
8:30AM-5:00PM							
JOSIANNE DIEUDONNE	8:15	J. Dieudonne	12	1	5:00	J. Dieudonne	
9:00AM-5:30PM							
NGOZI ABANOBI							DAY OFF

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

CERTIFICATION OF ACCURACY

Supervisor [Signature]
[Signature]

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

PAY WEEK

DAY THURSDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE June 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		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00AM-4:30PM							
KARYN BRUN	7 ⁵⁵	<i>KB</i>	1 ⁰⁰	2	4 ³⁰	<i>[Signature]</i>	
JANET MELENDRES	7 ⁵⁰	<i>Janet Melendres</i>	1	2	4 ³⁰	<i>Janet Melendres</i>	
VIRGINIA CHENG	8 ²⁰	<i>[Signature]</i>	12 ³⁰	1 ³⁰	5 ⁰⁰	<i>[Signature]</i>	
8:30AM-5:30PM							
LISA REYNA	8 ⁵²	<i>L. Reyna</i>			5 ³⁰	<i>L. Reyna</i>	<i>SHRS ml</i>
8:30AM-5:00PM							
JOSIANNE DIEUDONNE	8 ²⁰	<i>J. Dieudonne</i>	12	1	5:00	<i>J. Dieudonne</i>	
9:00AM-5:30PM							
NGOZI ABANOBI							

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

CERTIFICATION OF ACCURACY

Supervisor

[Signature]
[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

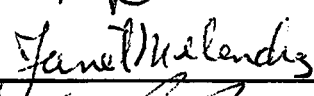
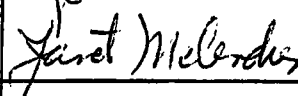
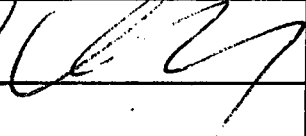
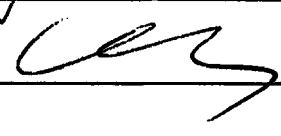
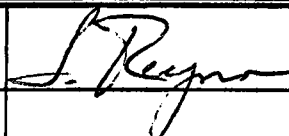
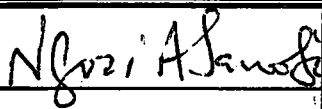
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

DAY WEDNESDAY
DATE June 20, 2001

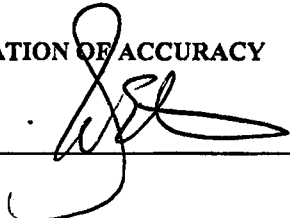
SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DIST. # 5000

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-4:30PM							
KARYN BRUN	745		1	2	430		
JANET MELENDRES	735		1	2	730		3 hrs O.T.
VIRGINIA CHENG	800		1230	130	430		
8:30AM-5:30PM							
LISA REYNA	850		1100	140	530		8 Hr. pr
8:30AM-5:00PM							
JOSIANNE DIEUDONNE							DAY OFF
9:00AM-5:30PM							
NGOZI ABANOBI	900		1230	130	330		Charge two (2) hrs Sick leave

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)
PAY WEEK

DAY TUESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE June 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-4:30PM							
KARYN BRUN	7 ⁵⁰	<i>K Brun</i>	1	2	4 ³⁰	<i>K Brun</i>	
JANET MELENDRES	7 ⁴⁵	<i>Janet Melendres</i>	1	2	4 ³⁰	<i>Janet Melendres</i>	
VIRGINIA CHENG							DAY OFF
8:30AM-5:30PM							
LISA REYNA	9 ³⁰	<i>L Reyna</i>	12 ⁰⁰	1 ⁰⁰	6 ⁰⁰	<i>L Reyna</i>	will be late 7 1/2 HR 1/2 HR
8:30AM-5:00PM							
JOSIANNE DIEUDONNE	8 ²⁰	<i>J. Dieudonne</i>	1:00	2:00	5:00	<i>J. Dieudonne</i>	
9:00AM-5:30PM							
NGOZI ABANOBI	10 ⁰⁰	<i>Ngozi Abanobi</i>	12 ⁴⁰	1 ⁴⁰	5 ³⁰	<i>Ngozi Abanobi</i>	will be late change one to A/L HR

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

CERTIFICATION OF ACCURACY

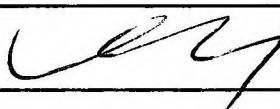
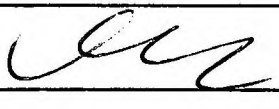
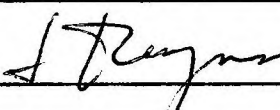
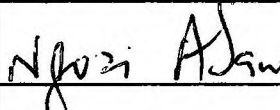
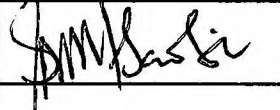
Supervisor *[Signature]*

[Signature]

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

DAY MONDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE June 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							DAY OFF
JANET MELENDRES							DAY OFF
VIRGINIA CHENG	8:00		12:30	1:30	4:30		
8:30AM-5:30PM							
LISA REYNA	9:15		1:50	2:50	6:00		7:30 HR 15 MIN ST with late
8:30AM-5:00PM							
JOSIANNE DIEUDONNE							A/L
9:00AM-5:30PM							
NGOZI ABANOBI	8:50		12:45	1:45	5:30		

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

CERTIFICATION OF ACCURACY

Supervisor

