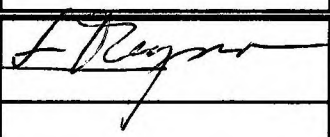
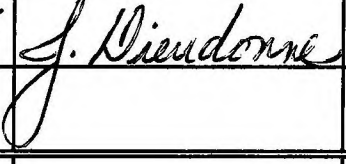
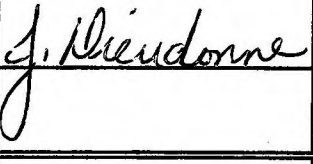


**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)**

**PAY WEEK**

DAY FRIDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM  
DATE April 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-4:30PM      |                 |                                                                                     |                  |                 |                 |                                                                                       |                                                                                       |
| KARYN BRUN         | 8 <sup>00</sup> |  | 1 <sup>00</sup>  | 2 <sup>30</sup> | 4 <sup>30</sup> |  |                                                                                       |
| JANET MELENDRES    |                 |                                                                                     |                  |                 |                 |                                                                                       | DAY OFF                                                                               |
| VIRGINIA CHENG     |                 |                                                                                     |                  |                 |                 |                                                                                       | AL.                                                                                   |
|                    |                 |                                                                                     |                  |                 |                 |                                                                                       |                                                                                       |
| 8:30AM-5:30PM      |                 |                                                                                     |                  |                 |                 |                                                                                       |                                                                                       |
| LISA REYNA         | 9 <sup>00</sup> |  | 12 <sup>10</sup> | 1 <sup>10</sup> | 6 <sup>00</sup> |                                                                                       |  |
|                    |                 |                                                                                     |                  |                 |                 |                                                                                       |                                                                                       |
| 8:30AM-5:00PM      |                 |                                                                                     |                  |                 |                 |                                                                                       |                                                                                       |
| JOSIANNE DIEUDONNE | 8:15            |  | 1:20             | 2:20            | 5:00            |  |                                                                                       |
|                    |                 |                                                                                     |                  |                 |                 |                                                                                       |                                                                                       |
| 9:00AM-5:30PM      |                 |                                                                                     |                  |                 |                 |                                                                                       |                                                                                       |
| NGOZI ABANOBI      |                 |                                                                                     |                  |                 |                 |                                                                                       | DAY OFF                                                                               |
|                    |                 |                                                                                     |                  |                 |                 |                                                                                       |                                                                                       |

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 THURSDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM  
DATE April 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-4:30PM      |                 |                        |                  |                 |                 |                        |                      |
| KARYN BRUN         | 7 <sup>50</sup> | <i>[Signature]</i>     | 12 <sup>30</sup> | 1               | 4 <sup>00</sup> | <i>[Signature]</i>     | <i>1 1/2 hrs p/h</i> |
| JANET MELENDRES    | 7 <sup>45</sup> | <i>Janet Melendres</i> | 1 <sup>00</sup>  | 1 <sup>30</sup> | 4 <sup>00</sup> | <i>Janet Melendres</i> | <i>1 1/2 hrs p/h</i> |
| VIRGINIA CHENG     |                 |                        |                  |                 |                 |                        |                      |
|                    |                 |                        |                  |                 |                 |                        |                      |
| 8:30AM-5:30PM      |                 |                        |                  |                 |                 |                        |                      |
| LISA REYNA         | 8 <sup>50</sup> | <i>Lisa Reyna</i>      | 2 <sup>00</sup>  | 2 <sup>30</sup> | 5 <sup>30</sup> | <i>L Reyna</i>         | <i>8 HRS. p/h</i>    |
|                    |                 |                        |                  |                 |                 |                        |                      |
| 8:30AM-5:00PM      |                 |                        |                  |                 |                 |                        |                      |
| JOSIANNE DIEUDONNE | 8:25            | <i>J. Dieudonne</i>    | 12               | 1               | 5:00            | <i>J. Dieudonne</i>    |                      |
|                    |                 |                        |                  |                 |                 |                        |                      |
| 9:00AM-5:30PM      |                 |                        |                  |                 |                 |                        |                      |
| NGOZI ABANOBI      | 8 <sup>55</sup> | <i>Ngozi Abanobi</i>   | 1 <sup>00</sup>  | 2 <sup>00</sup> | 5 <sup>30</sup> | <i>Ngan Abanobi</i>    |                      |
|                    |                 |                        |                  |                 |                 |                        |                      |

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*  
*TS*

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

DAY TUESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM  
DATE April 24, 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         | 8 <sup>10</sup> | <i>[Signature]</i>     | 12 <sup>20</sup> | 1 <sup>20</sup> | 4 <sup>40</sup> | <i>[Signature]</i>     | 1 1/2 hrs PM |
| JANET MELENDRES    | 8 <sup>00</sup> | <i>Janet Melendres</i> | 1                | 2               | 7 <sup>30</sup> | <i>Janet Melendres</i> | 3 hrs. O.T.  |
| VIRGINIA CHENG     |                 |                        |                  |                 |                 |                        | NEW DAY OFF  |
| 8:30AM-5:30PM      |                 |                        |                  |                 |                 |                        |              |
| LISA REYNA         | 8 <sup>45</sup> | <i>L Reyna</i>         | 1 <sup>15</sup>  | 2 <sup>05</sup> | 5 <sup>45</sup> | <i>L Reyna</i>         | 8 hrs PM     |
| 8:30AM-5:00PM      |                 |                        |                  |                 |                 |                        |              |
| JOSIANNE DIEUDONNE | 8 <sup>20</sup> | <i>J. Dieudonne</i>    | 12               | 1               | 2:00            | <i>J. Dieudonne</i>    | 3 hrs S/L    |
| 9:00AM-5:30PM      |                 |                        |                  |                 |                 |                        |              |
| NGOZI ABANOBI      | 8 <sup>50</sup> | <i>Ngozi Abanobi</i>   | 1 <sup>30</sup>  | 2 <sup>30</sup> | 5 <sup>30</sup> | <i>[Signature]</i>     |              |

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 WEDNESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM  
DATE April 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-4:30PM      |                 |                        |                 |                 |                 |                        |                      |
| KARYN BRUN         | 7 <sup>50</sup> | <i>KB</i>              | 1 <sup>25</sup> | 2 <sup>25</sup> | 4 <sup>30</sup> | <i>[Signature]</i>     |                      |
| JANET MELENDRES    | 8 <sup>05</sup> | <i>Janet Melendres</i> | 1               | 2               | 4 <sup>30</sup> | <i>Janet Melendres</i> |                      |
| VIRGINIA CHENG     |                 |                        |                 |                 |                 |                        |                      |
| 8:30AM-5:30PM      |                 |                        |                 |                 |                 |                        |                      |
| LISA REYNA         | 8 <sup>45</sup> | <i>L Reyna</i>         | 1 <sup>00</sup> | 2 <sup>15</sup> | 5 <sup>30</sup> | <i>L Reyna</i>         | <i>No Sick thing</i> |
| 8:30AM-5:00PM      |                 |                        |                 |                 |                 |                        |                      |
| JOSIANNE DIEUDONNE |                 |                        |                 |                 |                 |                        | DAY OFF              |
| 9:00AM-5:30PM      |                 |                        |                 |                 |                 |                        |                      |
| NGOZI ABANOBI      | 8 <sup>50</sup> | <i>Ngozi Abanobi</i>   | 1 <sup>00</sup> | 2 <sup>00</sup> | 5 <sup>30</sup> | <i>[Signature]</i>     |                      |

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

CERTIFICATION OF ACCURACY  
Supervisor *[Signature]*

*14*

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

**PAY WEEK**

DAY MONDAY

SECTION ASBESTOS AND LEAD CONTROL PROGRAM

DATE April 23, 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    | 7 <sup>50</sup> | Janet Melendres | 1               | 2               | 4 <sup>30</sup> | Janet Melendres | R. Roach<br>DAY OFF |
| VIRGINIA CHENG     |                 |                 |                 |                 |                 |                 |                     |
|                    |                 |                 |                 |                 |                 |                 |                     |
| 8:30AM-5:30PM      |                 |                 |                 |                 |                 |                 |                     |
| LISA REYNA         | 8 <sup>10</sup> | L Reyna         | 1 <sup>30</sup> | 2 <sup>30</sup> | 6 <sup>15</sup> | L Reyna         | 8:45 AM             |
|                    |                 |                 |                 |                 |                 |                 |                     |
| 8:30AM-5:00PM      |                 |                 |                 |                 |                 |                 |                     |
| JOSIANNE DIEUDONNE | 8:20            | J. Dieudonne    | 12              | 1               | 5:00            | J. Dieudonne    |                     |
|                    |                 |                 |                 |                 |                 |                 |                     |
| 9:00AM-5:30PM      |                 |                 |                 |                 |                 |                 |                     |
| NGOZI ABANOBI      | 8 <sup>45</sup> | Ngozi Abanobi   | 1 <sup>00</sup> | 2 <sup>00</sup> | 5 <sup>30</sup> | Ngzi Abanobi    |                     |
|                    |                 |                 |                 |                 |                 |                 |                     |

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

Fix 2 pages please

CERTIFICATION OF ACCURACY

05-21-01  
Supervisor [Signature]

B