

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

NON-PAY WEEK

DAY FRIDAY

SECTION ASBESTOS AND LEAD CONTROL PROGRAM

DATE April 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-5:00PM							
KARYN BRUN	745	<i>KB</i>	12 ³⁰	1	430	<i>KB</i>	<i>Shirley M.</i>
JANET MELENDRES	745	<i>Janet Melendres</i>	1 ³⁰	2 ⁰⁰	4 ³⁰	<i>Janet Melendres</i>	<i>Shirley M.</i>
VIRGINIA CHENG							
8:30AM-5:00PM							
LISA REYNA	835	<i>L Reyna</i>	1 ⁵⁰	2 ⁵⁰	5 ³⁰	<i>L Reyna</i>	
8:30AM-5:30PM							
NGOZI ABANOBI	845	<i>Nguzi Abanobi</i>	1 ⁰⁰	2 ⁰⁰	545	<i>Nguzi Abanobi</i>	<i>SHIRLEY</i>
JOSIANNE DIEUDONNE	820	<i>J. Dieudonne</i>	12	1	5:30	<i>J. Dieudonne</i>	

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

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

DAY THURSDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE April 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-5:00PM							
KARYN BRUN	7 ⁵⁰	<i>K Brun</i>	1 ⁰	1	4 ⁰⁰	<i>K Brun</i>	1 hr AL
JANET MELENDRES	7 ⁴⁵	<i>Janet Melendres</i>	1	2	5 ⁰⁰	<i>Janet Melendres</i>	
VIRGINIA CHENG							
8:30AM-5:00PM							
LISA REYNA	8 ³⁰	<i>L Reyna</i>	1 ⁰⁰	1 ³⁰	6 ⁰⁰	<i>L Reyna</i>	
8:30AM-5:30PM							
NGOZI ABANOBI	10 ⁰⁰	<i>Ngozi Abanobi</i>	1 ⁰⁰	1 ³⁰	5 ³⁰	<i>Ngoma Abanobi</i>	will be charged 1 hr to AL.
JOSIANNE DIEUDONNE	8:15	<i>J. Dieudonne</i>	12	1	5:30	<i>J. Dieudonne</i>	

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

CERTIFICATION OF ACCURACY

Supervisor *JSR*

By

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

DAY WEDNESDAY

DATE April 18, 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	7:40	<i>KB</i>	12:40	1:40	5:00	<i>[Signature]</i>	
JANET MELENDRES	7:55	<i>Janet Melendres</i>	1	2	5:00	<i>Janet Melendres</i>	
VIRGINIA CHENG							
8:30AM-5:00PM							
LISA REYNA	8:30	<i>L Reyna</i>	1:40	2:30	5:30	<i>L Reyna</i>	
8:30AM-5:30PM							
NGOZI ABANOBI							<i>Will be late 8hrs charge to A/L</i>
JOSIANNE DIEUDONNE	8:25	<i>J. Dieudonne</i>	12	1	5:30	<i>J. Dieudonne</i>	

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

CERTIFICATION OF ACCURACY

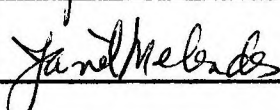
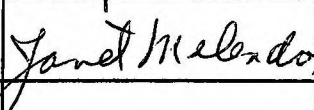
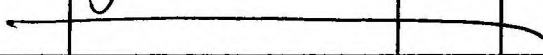
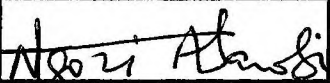
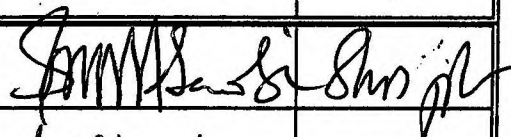
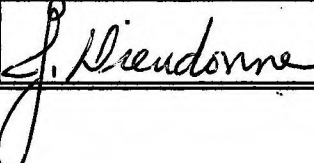
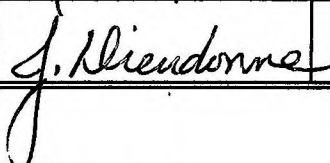
Supervisor *[Signature]*

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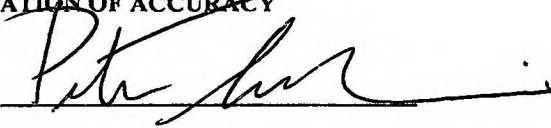
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)
NON -PAY WEEK

DAY TUESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE April 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-5:00PM							
KARYN BRUN	740		12 ⁰⁰	1	5 ⁰⁰		
JANET MELENDRES	750		1	2	5 ⁰⁰		
VIRGINIA CHENG							AL
8:30AM-5:00PM							
LISA REYNA							DAY OFF
8:30AM-5:30PM							
NGOZI ABANOBI	845		1 ⁰⁰	2 ⁰⁰	5 ⁴⁵		
JOSIANNE DIEUDONNE	8:05		12	1	5:30		

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
DATE April 16, 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	7 ³⁵	<i>KB</i>	12 ⁰⁰	1	5 ⁰⁰	<i>KB</i>	
JANET MELENDRES	10 ⁰⁰	<i>Janet Melendres</i>	1	2	5 ⁰⁰	<i>Janet Melendres</i>	will be late 2 hrs C.T.
VIRGINIA CHENG							AC
8:30AM-5:00PM							
LISA REYNA	8 ³⁰	<i>L Reyna</i>	1 ⁰⁰	1 ³⁰	3 ⁰⁰	<i>L Reyna</i>	5/6 hrs
8:30AM-5:30PM							
NGOZI ABANOBI	8:30 8:45	<i>Nguzi Abanobi</i>	10 ⁰⁵	2 ⁰⁵	5 ³⁰	<i>Nguzi Abanobi</i>	
JOSIANNE DIEUDONNE	8:10	<i>J. Dieudonne</i>	12	1	5:30	<i>J. Dieudonne</i>	

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

CERTIFICATION OF ACCURACY

Supervisor *[Signature]*