

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

PAY WEEK

DAY FRIDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE March 30, 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 ²⁰	<i>[Signature]</i>	145	245	4 ³⁰	<i>[Signature]</i>	
JANET MELENDRES	745	<i>Janet Melendres</i>	1	2	430	<i>Janet Melendres</i>	
VIRGINIA CHENG	820	<i>[Signature]</i>	100	130	430	<i>[Signature]</i>	<i>1 1/2 hrs per</i>
8:30AM-5:30PM							
LISA REYNA	900	<i>L. Reyna</i>	100	130	600	<i>L. Reyna</i>	<i>8 HRS. per</i>
8:30AM-5:00PM							
NGOZI ABANOBI							DAY OFF
JOSIANNE DIEUDONNE	825	<i>J. Dieudonne</i>	12	1	3:00	<i>J. Dieudonne</i>	<i>2 hrs S/L</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)

PAY WEEK

DAY THURSDAY
DATE March 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-4:30PM							
KARYN BRUN	7 ⁴⁰	<i>[Signature]</i>	1 ³⁰	2 ⁰⁰	4 ⁰⁰	<i>[Signature]</i>	7 1/2 hr <i>[initials]</i>
JANET MELENDRES	8 ⁰⁰	<i>Janet Melendres</i>	1	2	4 ³⁰	<i>Janet Melendres</i>	
VIRGINIA CHENG							DAY OFF
8:30AM-5:30PM							
LISA REYNA	8 ³⁵	<i>L Reyna</i>	12 ³⁰	1 ³⁰	5 ³⁰	<i>L. Reyna</i>	8/184
8:30AM-5:00PM							
NGOZI ABANOBI	8 ³⁵	<i>Ngozi Abanobi</i>	12 ³⁰	1 ³⁰	5 ⁰⁰	<i>[Signature]</i>	
JOSIANNE DIEUDONNE	8:20	<i>J. Dieudonne</i>	12	1	5:00	<i>J. Dieudonne</i>	

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 SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE March 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-4:30PM							
KARYN BRUN	745	<i>[Signature]</i>	1	2	430	<i>[Signature]</i>	
JANET MELENDERS	800	<i>Janet Melendres</i>	130	230	230	<i>Janet Melendres</i>	2 hrs. S-L
VIRGINIA CHENG	805	<i>[Signature]</i>	215	300	735	<i>[Signature]</i>	3 hrs. off <i>[Signature]</i>
8:30AM-5:30PM							
LISA REYNA	845	<i>L Reyna</i>	130	200	545	<i>L Reyna</i>	8 hrs. S/L <i>[Signature]</i>
8:30AM-5:00PM							
NGOZI ABANOBI	835	<i>Ngozi Abanobi</i>	1230	130	500	<i>[Signature]</i>	
JOSIANNE DIEUDONNE							DAY OFF

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

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*

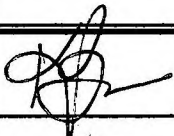
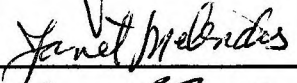
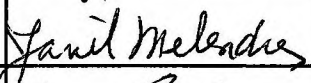
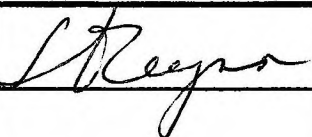
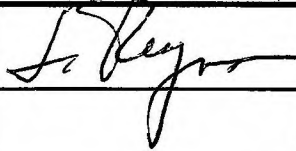
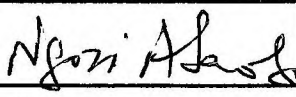
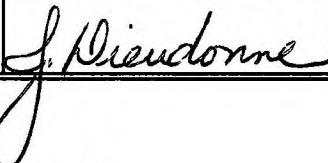
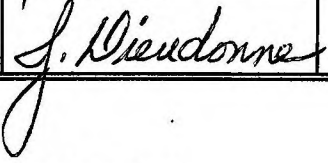
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

DAY TUESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE March 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	740		135	235	430		
JANET MELENDRES	750		100	200	430		
VIRGINIA CHENG	810		110	200	735		3 hr 10 min DAY OFF
							
8:30AM-5:30PM							S/B
LISA REYNA	835		1255	150	550		
8:30AM-5:00PM							
NGOZI ABANOBI	830		1230	130	530		
JOSIANNE DIEUDONNE	815		12	1	5:00		

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

CERTIFICATION OF ACCURACY

Supervisor 



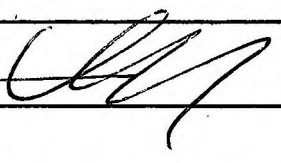
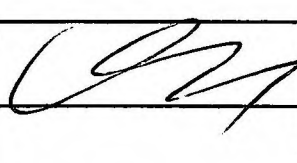
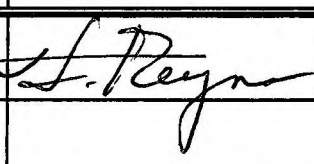
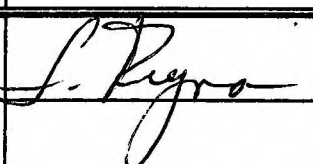
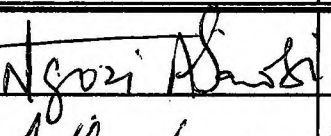
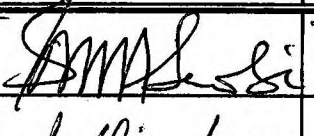
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

DAY MONDAY
DATE March 26, 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							DAY OFF
JANET MELENDRES							DAY OFF
VIRGINIA CHENG	8:45		1	2:50			7 1/2 hours
8:30AM-5:30PM							
LISA REYNA	8:30		1:05	2:05	5:30		field 8 HRS.
8:30AM-5:00PM			1:25				
NGOZI ABANOBI	8:45		1:25	2:25	5:15		7 1/2 Hours
JOSIANNE DIEUDONNE	8:30		12:15	1:15	5:00		

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

CERTIFICATION OF ACCURACY

Supervisor 