

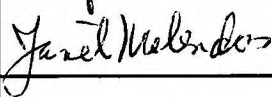
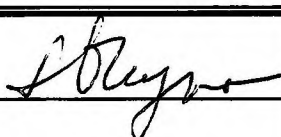
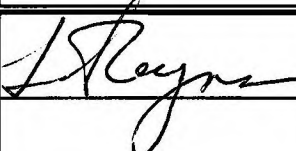
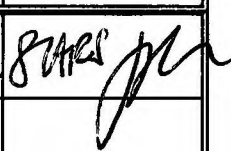
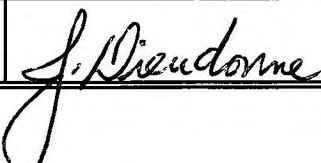
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

PAY WEEK

DAY FRIDAY
DATE March 2, 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		1 ⁰⁰	2 ⁰⁰	4 ³⁰		
JANET MELENDRES	8 ⁰⁰		1 ⁰⁰	2 ⁰⁰	4 ³⁰		
VIRGINIA CHENG							DAY OFF
8:30AM-5:30PM							
LISA REYNA	9 ⁰⁰		1 ²⁰	2 ⁵⁰	5 ³⁰		8 hrs 
8:30AM-5:00PM							
NGOZI ABANOBI							DAY OFF
Josianne Dieudonne	8:30		12	1	5:00		

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

CERTIFICATION OF ACCURACY
Supervisor 

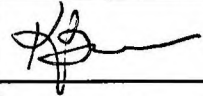
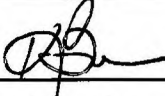
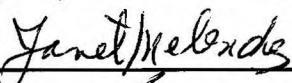
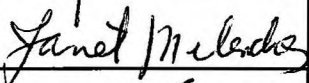
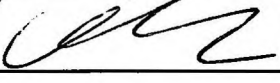
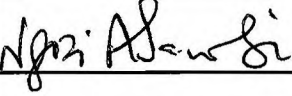
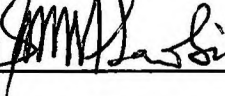


DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

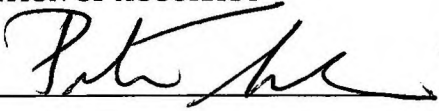
PAY WEEK

DAY THURSDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE March 1, 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 ⁴⁵		1	1 ³⁰	4 ⁰⁰		Thru 1/2 hour
JANET MELENDRES	7 ⁴⁵		1	2	4 ³⁰		
VIRGINIA CHENG	8 ⁰⁰		1 ¹⁰	2 ⁰⁰	4 ³⁰		
8:30AM-5:30PM							
LISA REYNA	8 ³⁵		1 ⁰⁰	1 ³⁰	5 ⁴⁰		
8:30AM-5:00PM							
NGOZI ABANOBI	8 ³⁵		12 ³⁰	1 ³⁰	5 ⁰⁰		
Josianne Dieudonne							DAY OFF worked wed 2/28

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 February 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	8 ⁰⁵	<i>[Signature]</i>	12 ²⁰	1 ³⁰	3 ³⁰	<i>[Signature]</i>	1 hr AL
JANET MELENDERS	7 ⁴⁵	<i>Janet Melendes</i>	1	2	7 ³⁰	<i>Janet Melendes</i>	3 hrs O.T.
VIRGINIA CHENG	8 ⁰⁵	<i>[Signature]</i>	1	2	7 ³⁰	<i>[Signature]</i>	3 hrs O.T.
8:30AM-5:30PM							
LISA REYNA	8 ³⁵	<i>L. Reyna</i>	1 ⁰⁰	2 ⁰⁰	5 ⁰⁰	<i>L. Reyna</i>	
8:30AM-5:00PM							
NGOZI ABANOBI	8 ³⁰	<i>Ngozi Abanobi</i>	12 ⁰⁰	1 ⁰⁰	5 ⁰⁰	<i>[Signature]</i>	
Josianne Dieudonne	8:30	<i>J. Dieudonne</i>	12	1	5:00	<i>J. Dieudonne</i>	DAY OFF Thur 3/1

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

CERTIFICATION OF ACCURACY

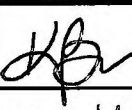
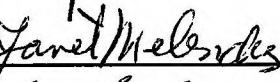
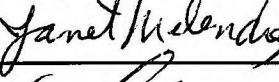
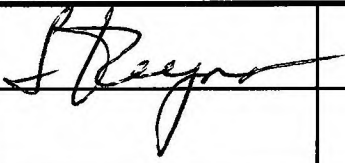
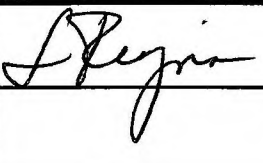
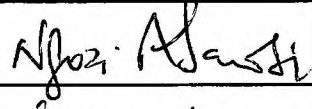
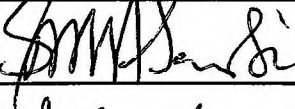
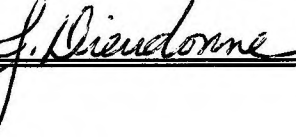
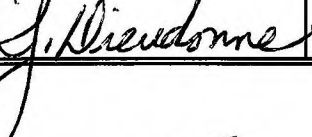
Supervisor *[Signature]*

[Signature]

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

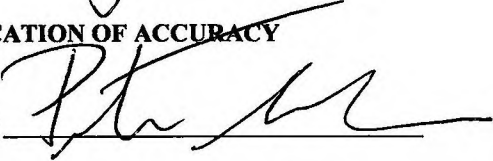
DAY TUESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE February 27, 2001 DIST. # 5000

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 ⁰⁰		12 ³⁰	1 ³⁰	4 ³⁰		
JANET MELENDRES	7 ⁴⁵		1 ⁰⁰	2 ⁰⁰	4 ³⁰		
VIRGINIA CHENG	8 ²⁰		1 ⁰⁰	2 ⁰⁰	5 ⁰⁰		7 1/2 hours DAY OFF
8:30AM-5:30PM							
LISA REYNA	12 ²⁵				6 ⁰⁰		will be late 6 HRS not paid
8:30AM-5:00PM							
NGOZI ABANOBI	8 ³⁵		12 ⁰⁵	1 ⁰⁵	5 ⁰⁰		
Josianne Dieudonne	8 ²⁰		12 ⁰⁵	1 ⁰⁵	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

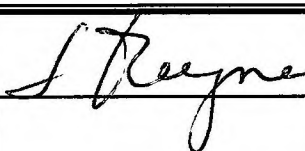
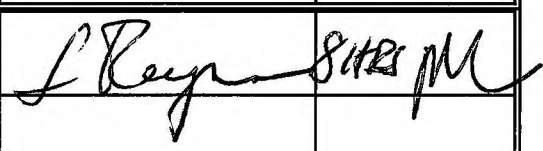
DAY MONDAY

SECTION ASBESTOS AND LEAD CONTROL PROGRAM

DATE February 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							DAY OFF
JANET MELENDRES							DAY OFF
VIRGINIA CHENG	8:00		1	2:45			
8:30AM-5:30PM							
LISA REYNA	9:00		1:30	5:30			8:45 PM
8:30AM-5:00PM							
NGOZI ABANOBI							
Josianne Dieudonné Xantus	8:20		12:05	1:05	5:00		

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

CERTIFICATION OF ACCURACY

Supervisor 