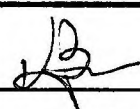
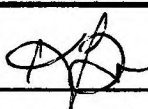
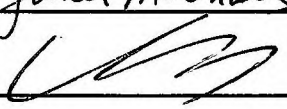
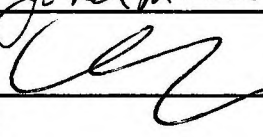


DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)
NON -PAY WEEK

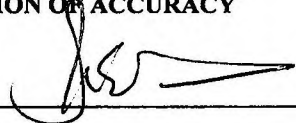
DAY FRIDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE January 26, 2001 DIST. # 5000

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-5:00PM							
KARYN BRUN	7:45		12	12:30	4:30		8 hrs
JANET MELENDRES	7:50	Janet Melendres	1:00	2:00	5:00	Janet Melendres	
VIRGINIA CHENG	8:00		1:15	2:15	5:00		
8:30AM-5:00PM							
LISA REYNA	8:50	L Reyna	1:20	2:15	5:15	L Reyna	7 1/2 HRS
8:30AM-5:30PM							
NGOZI ABANOBI							SC
Josianne Dieudonne	8:15	J. Dieudonne	12	1	5:30	J. Dieudonne	

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 THURSDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE January 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-5:00PM							
KARYN BRUN	1 ³⁰	<i>KB</i>	12	1	4 ⁰⁰	<i>KB</i>	1 hr PL
JANET MELENDRES	8 ⁰⁵	<i>Janet Melendres</i>	1	2 ⁰⁰	5 ⁰⁰	<i>Janet Melendres</i>	
VIRGINIA CHENG	8 ⁰⁰	<i>VC</i>	1	2	5 ¹⁰	<i>VC</i>	8 hours
8:30AM-5:00PM							
LISA REYNA	8 ⁴⁵	<i>L Reyna</i>			5 ²⁵	<i>L Reyna</i>	1 1/2 hr PL
8:30AM-5:30PM							
NGOZI ABANOBI							SL
Josianne Dieudonne	8:30	<i>J. Dieudonne</i>	12:25	1:25	5:30	<i>J. Dieudonne</i>	

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

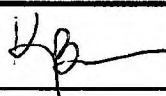
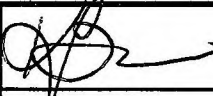
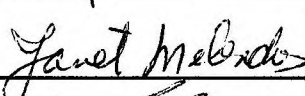
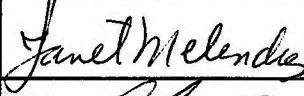
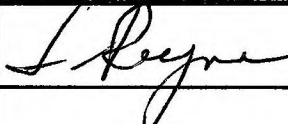
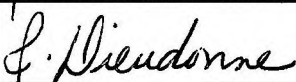
CERTIFICATION OF ACCURACY

Supervisor *[Signature]*

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

DAY WEDNESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE January 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-5:00PM							
KARYN BRUN	7 ⁴⁵		2 ³⁰	3 ⁰⁰	5 ⁰⁰		
JANET MELENDRES	7 ⁵⁰		1	2 ⁰⁰	7 ³⁰		2 1/2 hrs O.T.
VIRGINIA CHENG	8 ⁰⁰		1	1 ³⁰	4 ³⁰		8 hrs O.T.
8:30AM-5:00PM							
LISA REYNA	8 ³⁵		1 ³⁰	2 ⁰⁰	5 ²⁰		
8:30AM-5:30PM							
NGOZI ABANOBI	8 ³⁰		1 ⁰⁰	2 ⁰⁰	3 ³⁰		change 2HR to Annual leave
Josianne Dieudonne	8 ²⁰		12:10	1:10	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 TUESDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE January 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-5:00PM							
KARYN BRUN	8:00	<i>Karyn Brun</i>	12	1	5:00	<i>Karyn Brun</i>	
JANET MELENDRES	7:45	<i>Janet Melendres</i>	1:00	2:00	5:00	<i>Janet Melendres</i>	
VIRGINIA CHENG	8:00	<i>Virginia Cheng</i>	1:25	2:15	5:00	<i>Virginia Cheng</i>	
8:30AM-5:00PM							
LISA REYNA							DAY OFF
8:30AM-5:30PM							
NGOZI ABANOBI	8:40	<i>Ngozi Abanobi</i>	1:00	2:00	5:40	<i>Ngozi Abanobi</i>	
Josianne Dieudonne	8:20	<i>J. Dieudonne</i>	1:10	2:10	5:30	<i>J. Dieudonne</i>	

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

CERTIFICATION OF ACCURACY
Supervisor *Patricia [Signature]*

[Signature]

Spang

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

DAY MONDAY SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DATE January 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-5:00PM							
KARYN BRUN	7:45	<i>K Brun</i>	12	1	5 ⁰⁰	<i>K Brun</i>	
JANET MELENDRES	7:55	<i>Janet Melendres</i>	1	2	5 ⁰⁰	<i>Janet Melendres</i>	
VIRGINIA CHENG	8:30	<i>VC</i>	1	1:30	5:00	<i>VC</i>	8 hrs <i>MC</i>
8:30AM-5:00PM							
LISA REYNA	8:35	<i>L Reyna</i>	12 ⁰⁵	1 ⁰⁵	5 ⁰⁰	<i>L Reyna</i>	
8:30AM-5:30PM							
NGOZI ABANOBI	9:30	<i>Ngozi Abanobi</i>	1 ⁰⁰	2 ⁰⁰	5:30	<i>NGA Abanobi</i>	Will be late change ONE HR to annual leave
Josianne Dieudonne	8:30	<i>J. Dieudonne</i>	1:00	2:00	5:30	<i>J. Dieudonne</i>	

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

CERTIFICATION OF ACCURACY
Supervisor *JSK*

VB