The City of New York

DEPARTMENT OF ENVIRONMENTAL PROTECTION

EXECUTIVE OFFICES
59-17 JUNCTION BLVD., 19TH FLOOR, CORONA, NEW YORK 11368-5107
JOEL A. MILLER, SR., P.E., COMMISSIONER

NYC DEP (RAUCH) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: E/C **Location:** LeFrak

Distribution #: 5000 **Week Ending:** 9-29-01

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK ——— HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Robin Okello	Project Manag	PII

total overtime previous 12 months ——— hours	5% annual salary in hours ———	has employee exceeded 5% in O.T.? (yes / no) ———	retirement eligibility month ——— year ———

Date(s)	Location(s)	Reason(s)	TIME ALLOCATION str.	prem.	comp str.	comp pre.	hol.	SIG'D pay	SIG'D comp
9-25-01	400 E 57 St	E/R	2						
		Report Totals	2						

Explanation: Strictly in the space on the reason why this employee was permitted to earn in excess of 5% of his/her salary

Authorized & Approval Signature(s)

Supervisor — Date 9/29/01

Bureau Chief/Commissioner's Designee ☐ Approved ☐ Disapproved — Date

The City of New York

DEPARTMENT OF ENVIRONMENTAL PROTECTION

EXECUTIVE OFFICES
59-17 JUNCTION BLVD., 19TH FLOOR, CORONA, NEW YORK 11368-5107

JOEL A. MILLER, SR., P.E., COMMISSIONER

NYC DEP (DANNY) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: E/C Location: LeFrak

Distribution #: 5000 Week Ending: 9-22-01

W.T.C.

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK ——— HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Robin Okello	Project Manager	PII

total overtime previous 12 months ——— hours	5% annual salary in hours ———	has employee exceeded 5% in O.T.? (yes / no) ———	retirement eligibility month ——— year ———

Date(s)	Location(s)	Reason(s)	TIME ALLOCATION str.	prem.	comp str.	comp pre.	hol.	salary pay	salary comp
9-16-01	WTC E/R	8am - 6pm (1-2 lunch)	5	4					
9-22-01	WTC E/R	8am - 7pm (1-2 lunch)		10					

Report Totals: 5 14

Explanation: Specify in the space below the reason why this employee was permitted to earn in excess of 5% of his/her salary

Authorized & Approval Signature(s)

Supervisor: [signature] Date: 9/22/01

Bureau Chief/Commissioner's Designee: [signature] ☐ Approved ☐ Disapproved Date: 9/24/01

The City of New York

DEPARTMENT OF ENVIRONMENTAL PROTECTION

EXECUTIVE OFFICES
59-17 JUNCTION BLVD., 19TH FLOOR, CORONA, NEW YORK 11368-5107

JOEL A. MILLER, SR., P.E., COMMISSIONER

NYC DEP (RAMON) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: E/C

Location: LEFRAK.

Distribution #: 5000

Week Ending: 9-15-01

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK ——— HOURS

Employee Name:	Civil Service Title:	Social Security #:
Robin Okello	Project Manager	PII

total overtime previous 12 months ——— hours	5% annual salary in hours ———	has employee exceeded 5% in O.T.? (yes / no) ———	retirement eligibility month ——— year ———

Date(s)	Location(s)	Reason(s)	TIME ALLOCATION str.	prem.	comp str.	comp prm.	hol.	REMARKS pay	comp
9-9-01	88 & 242 St	St/by						8hr	—
9-10-01	1851 Phelan Pl.	(6pm–10pm) E/R		4hr					
9-10-01	88 & 242 St.	(10pm–12MID) S/By				•		1hr	
9-11-01	88 & 242 St	(6pm–12hr) S/By						3hr	
9-12-01	88 & 242 St	(6pm–12MID) S/By						3hr	
9-13-01	88 & 242 St	(6pm–12MID) S/By		•			•	3hr	
9-14-01	88 & 242 St	(6pm–12MID) S/By	•					3hr	
		Report Totals		4hr				21hr	

Explanation: Specify in the space below the reason why this employee was permitted to earn in excess of 5% of his/her salary

Authorized & Approval Signature(s)

Supervisor — Date: 9/17/01

Bureau Chief/Commissioner's Designee ☐ Approved ☐ Disapproved — Date: 9/17/01

The City of New York

DEPARTMENT OF ENVIRONMENTAL PROTECTION

EXECUTIVE OFFICES
59-17 JUNCTION BLVD., 19TH FLOOR, CORONA, NEW YORK 11368-5107

JOEL A. MILLER, SR., P.E., COMMISSIONER

NYC DEP (BLANKET) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: E/C

Location: LEFRAK

Distribution #: 5000

Week Ending: 9-15-01

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK ——— HOURS

Employee Name:	Civil Service Title:	Social Security #:
Robin Okello	Project Manager	PII

total overtime previous 12 months ——— hours	5% annual salary in hours ———	has employee exceeded 5% in O.T.? (yes / no) ———	retirement eligibility month ——— year ———

Date(s)	Location(s)	Reason(s)	TIME ALLOCATION str.	prem.	comp str.	comp prm.	hol.	PAY pay	comp
9-15-01	WTC E/R	8AM–7PM (1-2 lunch)	5ST	5OT				---	---
9-15-01	88 S. 2nd St	7PM–12MID) S/By						2½	
		Report Totals	5ST	9OT				23½	

Explanation: Specify in the space below the reason why this employee was permitted to earn in excess of 5% of his/her salary

Authorized & Approval Signature(s)

Supervisor — Date 9/17/01

Bureau Chief/Commissioner's Designee — ☐ Approved ☐ Disapproved — Date 9/17/01