The City of New York

Department of Environmental Protection
Executive Offices
59-17 Junction Blvd. 19th Fl., Corona, NY 11368-5107

Joel A. Miele, Sr. P.E. Commissioner

NYC DEP (BANHMT) Asbestos & Lead Control Program
Overtime Authorization Form

Bureau/Unit : Air, Noise, & Hazardous Materials Location: 59-17 Junction Blvd. 8th Fl

Distribution # 5000 Week Ending 10/13/01

Weekly Attendance						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
11	11	9	7	11	11	5

Normal Work Week 35 Hours

Employee Name	Civil Service Title	Social Security Number
Carlstien Lutchmedial	Associate Lab Microbiologist	PII

Total Overtime Previous 12 Months 35 Hours	5% annual Salary in Hours	Has employee exceeded 5% in OT (yes/no)	Retirement Eligibility Month Year

		Reason(s)	Time allocation					Std by	
Date	Location	ER/Stdby	Straight	Premium	Comp Str	Comp Prem	Hol Comp	Pay	Comp
10/7/01	WTC	ER	5	6	✓				
10/8/01	WTC Hol.	ER		4		Holiday Pay	7		
10/10/01	WTC	ER		7	✓				
10/12/01	WTC	ER		5	✓				
13 Sat.									
				22			7	Hol Pay	
Report Totals			5	29	0	0	7	0	0

Explanation: specify in the space below the reason why this employee was permitted to earn in excess of 3% of his/her salary

Authorization & Approval Signature(s)

Supervisor Date

R. Rachman ✓ Approved 10/15/01

Bureau Chief/Commissioner's Designee Disapproved Date

NYC 9/11 Public Portal Document

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 (RAINS) ASBESTOS & LEAD CONTROL PROGRAM OVERTIME AUTHORIZATION FORM

Bureau/Unit: _____ **Location:** Lefrak

Distribution #: _____ **Week Ending:** 10/6/01

Weekly Attendance						
S	M	T	W	TH	F	S
11	13	11	9	11	11	11

NORMAL WORK WEEK: 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
CARLSTIEN LUTCHMEDIAL	Assoc Lab Mich	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.	PAY BY pay	comp
9/30/01	World Trade Center	ER	5	16					
10/1/01	"	"		16					
10/2/01	"	"		2					
10/3/01	"	"		9					
10/4/01	"	"		2					
10/5/01	"	"		2					
10/6/01	"	"		11					
		Report Totals	5	33					

Explanation: Briefly 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 10/09/01

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

NYC-WTC_000158946

NYC 9/11 Public Portal Document

The City of New York

Department of Environmental Protection
Executive Offices
59-17 Junction Blvd. 19th Fl., Corona, NY 11368-5107

Joel A. Miele, Sr. P.E. Commissioner

NYC DEP (BANHMT) Asbestos & Lead Control Program
Overtime Authorization Form

Bureau/Unit : Air, Noise, & Hazardous Materials | Location: 59-17 Junction Blvd. 8th Fl

Distribution # 5000 | Week Ending 9/29/01

		Weekly Attendance				
Sun	Mon	Tues	Wed	Thur	Fri	Sat
11	11	9	6	11	11	5

Normal Work Week 35 Hours

Employee Name	Civil Service Title	Social Security Number
Carlstien Lutchmedial	Associate Lab Microbiologist	PII

Total Overtime Previous 12 Months 35 Hours	5% annual Salary in Hours	Has employee exceeded 5% in OT (yes/no)_____	Retirement Eligibility Month___ Year___

		Reason(s)	Time allocation					Std by	
Date	Location	ER/Stdby	Straight	Premium	Comp Str	Comp Prem	Hol Comp	Pay	Comp
9/23/01	WTC	ER	5	6					
9/23/01	114-51 210 st	stdby						2	
9/24/01	114-51 210 st	stdby						6	
9/24/01	WTC	er		3					
9/25/01	114-51 210 st	stdby						6	
9/25/01	WTC	er		2					
9/26/01	WTC	ER		5					
9/26/01	114-51 210 st	stdby						7	
9/27/01	WTC	ER		4					
9/27/01	114-51 210 st	stdby						5	
9/28/01	114-51 210 st	stdby						6	
9/28/01	wtc	er		2					
9/29/01	114-51 210	stdby						2.5	
9/29/01	wtc	er		11					
Report Totals			5	33	0	0	0	34.5	0

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

Authorization & Approval Signature(s)

Supervisor — Date

R. Rahman — ☑ Approved ☐ Disapproved — 10/1/01

Bureau Chief/Commissioner's Designee — Date

NYC 9/11 Public Portal Document

Department of Environmental Protection
Executive Offices
59-17 Junction Blvd. 19th Fl., Corona, NY 11368-5107

Joel A. Miele, Sr. P.E. Commissioner

NYC DEP (BANHMT) Asbestos & Lead Control Program
Overtime Authorization Form

Bureau/Unit : Air, Noise, & Hazardous Materials Location: 59-17 Junction Blvd. 8th Fl

Distribution # 5000 Week Ending 9/22/01

WTC

Weekly Attendance						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
11	11	9	6	11	11	5

Normal Work Week 35 Hours

Employee Name	Civil Service Title	Social Security Number
Carlstien Lutchmedial	Associate Lab Microbiologist	PII

Total Overtime Previous 12 Months 35 Hours	5% annual Salary in Hours	Has employee exceeded 5% in OT (yes/no)	Retirement Eligibility Month Year

		Reason(s)	Time allocation					Std by	
Date	Location	ER/Stdby	Straight	Premium	Comp Str	Comp Prem	Hol Comp	Pay	Comp
8/16/01	WTC	ER	5	6					
8/17/01	WTC	ER		3					
8/19/01	WTC	ER		6					
8/20/01	WTC	ER		2					
8/21/01	WTC	ER		2					
8/22/01	WTC	ER		5					
Report Totals			5	24	0	0	0	0	0

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

Authorization & Approval Signature(s)

Supervisor Date

R. Radhu 9/24/01

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

NYC-WTC_000158948

NYC 9/11 Public Portal Document

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 (RANDOM) ASBESTOS & LEAD CONTROL PROGRAM OVERTIME AUTHORIZATION FORM

Bureau/Unit: Asbestos **Location:** Rafael

Distribution #: 826 **Week Ending:** 9/15/2001

W.T.C

Weekly Attendance						
S	M	T	W	TH	F	S
						12

NORMAL WORK WEEK 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
CARLSTIEN HUTCHINSON	Assoc Lab Mun	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.	bal.	adj pay	adj comp
9/15/01	140 West St	ER	5	6					
			5	6					

Report Totals

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: R. Rach

Bureau Chief/Commissioner's Designee ☒ Approved ☐ Disapproved

Date 9/17/01

Date

NYC-WTC_000158949