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 (BUREAU) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: EC

Location: Lefrak QNS

Distribution #: 5000

Week Ending: 10 – 13 – 01

Weekly Attendance						
S	M	T	W	TH	F	S
—	12	9	9	9	9	—

NORMAL WORK WEEK 35 HOURS

Employee Name:	Civil Service Title:	Social Security #:
Alphonso Plumpton	I + II	PII

total overtime previous 12 months ____ hours	5% annual salary in hours ____	has employer 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	comp
10/8/01	WTC Holiday	E/R (11)	35	6			7		
10/12/01	WTC	E/R	2	86					
				6					
			5	~~11~~			7		

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 — Date 10/15/01

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

The City of New York

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

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

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

Bureau/Unit: EC **Location:** Refuse QNS

Distribution #: 5000 **Week Ending:** 10 - 6 - 01

Weekly Attendance						
S	M	T	W	TH	F	S
8	9	9	9	8	11	12

NORMAL WORK WEEK 35 HOURS

Employee Name:	Civil Service Title:	Social Security #:
Alphonso Plumpton	T H II	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.	SICK pay	SICK comp
9 30 01	WTC	E/R	5	2		/			
10 5 01	WTC	E/R		9½					
10 6 01	WTC	E/R		11					
			5	22½					

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 _____ Date 10/9/01

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 (RANGE) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: EC **Location:** Refresh QWS

Distribution #: 5002 **Week Ending:** 9/29/01

Weekly Attendance						
S	M	T	W	TH	F	S
—	9	11	11	8	9	—

NORMAL WORK WEEK: 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Alphonso Plumpton	T-H II	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.	sick pay	sick comp
9/25/01	WTC	E/R	2						
9/28/01	WTC	E/R	2						
9/28/01	WTC	E/R	11	7					
			5	7					

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 & Approved Signature(s)

Supervisor — Date 10/1/01

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 (RANKIN) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: EC **Location:** Refork QNS

Distribution #: 5000 **Week Ending:** 9/22/01

WTC

Weekly Attendance						
S	M	T	W	TH	F	S
16	23	23	23	23	23	16

NORMAL WORK WEEK: 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Alfonso Plumpte	T H II	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.	bol.	SIGN pay	SIGN comp
9/16/01	Refork WTC	E/R	5	6	✓				
9/16/01	279 E 9nd St	S/BY						2	✓
9/17/01	Refork WTC 279 E 9nd St	E/R S/BY		2	✓			6	✓
9/18/01	Refork WTC 279 E 9nd	E/R S/BY		2	✓			6	✓
9/19/01	317 Ave W BK Refork WTC	E/R		4	✓				
9/19/01	279 E 9nd St	S/BY						5	✓

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 — Date: 9/24/01

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

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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 (RANGE) ASBESTOS & LEAD CONTROL PROGRAM OVERTIME AUTHORIZATION FORM

Bureau/Unit: EC **Location:** Refrak-QNS

Distribution #: 5000 **Week Ending:** 9/22/01

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK ——— HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Alphonso Plumpte	I-H-U	PII

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

Date(s)	Location(s)	Reason(s)	TIME ALLOCATION str.	prem.	comp str.	comp pre.	hol.	std by pay	std by comp
9/20/01	Refrak WTC 225 Broad St	E/R S/BY		3	✓			6	✓
9/21/01	Refrak WTC 225 Broad St	E/R S/BY		11	✓			6	✓
9/22/01	Refrak WTC	E/R		11	✓				
9/22/01	225 Broad St	S/BY						2	✓
			5	39				33	

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 — Date 9/24/2001

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

The City of New York

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

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

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

Bureau/Unit: EC — Location: Lefrak QNS

Distribution #: 5000 — Week Ending: 9/15/01

Weekly Attendance

S	M	T	W	TH	F	S
—	9	9	9	8	10	10

NORMAL WORK WEEK: 35 HOURS

W.T.C

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Alphonso Plumptre	I H.I	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.	paid by pay	comp
9/14/01	Lefrak	E/R	5	4				—	—
9/15/01	Lefrak WTC	E/R		9					
			5	13					

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)

[signature] — 9 — Date

Supervisor

R. Rach — 9/17/01 — Date

Bureau Chief/Commissioner's Designee

☒ Approved ☐ Disapproved