[redacted]

The City of New York

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

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

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

Bureau/Unit: BEC **Location:** LeFrak

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

Weekly Attendance						
S	M	T	W	TH	F	S
				—		

NORMAL WORK WEEK ——— HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Greg Fruchtman	Ind. Hyg. 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.	std/by pay	std/by comp
9/30	LeFrak	WTC	5	1	✓				
10/1	"	"		7	✓				
10/2	"	"		8	✓				
10/3	"	"		9	✓				
10/4	"	"		6	✓				
[redacted]									
Report Totals			5	46					

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 10/9/2001

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

DEPT 67-0440
REV. 4/97

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 (BEC) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: BEC **Location:** LeFrak

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

Weekly Attendance						
S	M	T	W	TH	F	S
22	16	17	16.5	17.5	17.5	18

NORMAL WORK WEEK ——— HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Greg Fruchtman	Fnd. Hyg. F	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.	std/by pay	std/by comp
9/23	ER	WTC	5	17	✓				
9/24				8	✓				
9/25				9	✓				
9/26				10	✓				
9/27				9.5	✓				
9/28				9.5					
9/29	✓	✓		18					
		Report Totals	5	81					

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 — 9/30/01 Date

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. MIELE, SR., P.E., COMMISSIONER

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

Bureau/Unit: BEC **Location:** LeFrak

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

Weekly Attendance						
S	M	T	W	TH	F	S
15	20	19½	18½	16	15	15

NORMAL WORK WEEK ——— HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Greg Fruchtman	Ind. Hyg. 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.	pre.	comp str.	comp pre.	hol.	std/by pay	std/by comp
9/16/01	LeFrak	WTC	5	9					
↓	138-69 Barclay			9				½	✓
9/17/01	LeFrak	WTC		12	✓				
9/18				1.5	✓				
9/19				10.5	✓				
9/20				9	✓				
9/21	↓	↓							
		Report Totals		(see Pg 2)					

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)

A. Abelow

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. MIELE, SR., P.E., COMMISSIONER

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

Bureau/Unit: BEC Location: LeFrak

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 #:
Greg Fruchtman	Ind. Hyg. 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.	std/by pay	std/by comp
9/22	LeFrak	WTC		15					
Report Totals				5	68			1/2	

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 9/24/01 Date

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. MIELE, SR., P.E., COMMISSIONER

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

Bureau/Unit: BEC **Location:** LeFrak

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

Weekly Attendance						
S	M	T	W	TH	F	S
	15	24	24	13	24	16.5

NORMAL WORK WEEK 35 HOURS

Employee Name:	Civil Service Title:	Social Security #:
Greg Fruchtman	Fnd. Hyg. F	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.	std/by pay	std/by comp
9/10/01	LeFrak	E/R	S	2	✓				
9/11	11	WTC		16	✓				
9/12		↓		14	✓				
9/12	138-49 Barclay	S/B						1	✓
9/13	LeFrak	WTC		8	✓				
9/14	↓			15	✓				
9/14	138-49 Barclay	S/B						0.5	✓
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: 9/17/01

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

Pg 2 of 2

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

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

Bureau/Unit: BEC 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 #:
Greg Fruchtman	Fnd. Hyg. F	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.	std/by pay	std/by comp
9/15/01	138-49 Barclay	S/B						1.5	—
↓	LeFrak	WTC		13.5 ✓					
				13.30 ✓					
		Report Totals		5	68.5			3	

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