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 (BANHM) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: Bureau of Air, Noise & Hazardous Materials Location: 59-17 Junction Blvd

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

WTC

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

NORMAL WORK WEEK 40 HOURS

Employee Name:	Civil Service Title:	Social Security #:
N6021 S. Abanobi	I.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.	std/by pay	std/by comp
9-30-01	59-17 Junction Blvd	WTC Emergency		9					
				9					
		Report Totals		9					

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 10/9/01

Bureau Chief/Commissioner's Designee ☐ Approved ☐ Disapproved — Date 10/9/01

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

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

Bureau/Unit: Bureau of Air, Noise & Hazardous Materials **Location:** 59-17 Junction Blvd

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

Weekly Attendance						
S	M	T	W	TH	F	S
~~/~~	9	~~7½~~	~~7½~~	~~7½~~	3	9

NORMAL WORK WEEK 30 HOURS

WTC

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Ngozi S. Abanobi	IH 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.	std/by pay	comp
9-24-01	59-17 Junction Blvd	WTC Emergency			1½	~~½~~			
9-28-01	" "	" "			03	3			
9-29-01	" "	" "			9				
					5:30	3½			
					10	3½			
		Report Totals			10	3½			

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 _____

R. Rea 10/1/01

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

D.D Again Sent to payroll 10/1/1

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 (BANHM) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: Bureau of Air, Noise & Hazardous Materials Location: 59-17 Junction Blvd

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

WTC

Weekly Attendance						
S	M	T	W	TH	F	S
~~8~~	8	8	8	8	8	9

NORMAL WORK WEEK 40 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
Ngozi S. Abanobi	I.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.	std/by pay	comp
9-22-01	59-17 Junction Blvd	WTC Emergency				9 HRS			
		Totals				9 HRS			

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. Rathn 9/24/01.

Bureau Chief/Commissioner's Designee ☒ Approved ☐ Disapproved Date 9/24/01

change to WTC