



DEPARTMENT OF ENVIRONMENTAL PROTECTION

EXECUTIVE OFFICE

59-17 JUNCTION BLVD., 19TH FLOOR, CORONA, NEW YORK 11362-5107

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

NYC DEP (BUREAU) ASBESTOS & LEAD CONTROL PROGRAM
OVERRIDE AUTHORIZATION FORM

Bureau/Unit:

Asbestos

Location:

59 17 Jn Blvd

Distribution #:

1000

Week Ending:

10/6/01

Weekly Attendance						
S	M	T	W	TH	F	S

WTC

EMPLOYEE NAME: <u>Peter Lee Kim</u>		CIVIL SERVICE TITLE: <u>CRSI</u>	SOCIAL SECURITY #:
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total overtime previous 12 months hours	5% annual salary in hours	has employee exceeded 5% in O.T.? (yes / no)	retirement eligibility month year
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Date(s)	Location(s)	Reason(s)	TIME ALLOCATION					pay	
			str.	prem.	comp str.	comp prem.	hol.	pay	comp
<u>9/30/01</u>	<u>59 17 Jn Blvd</u>	<u>WTC emergency</u>	<u>9</u>						

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]
Supervisor

[Signature]
Date 10/9/01

Bureau Chief/Commissioner's Designee

☐ Approved ☐ Disapproved

Date

NYC 9/11
Rev. 6/97



DEPARTMENT OF ENVIRONMENTAL PROTECTION

EXECUTIVE OFFICE

89-17 JUNCTION BLVD., 19TH FLOOR, CORONA, NEW YORK 11368-5107

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

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

Bureau/Unit: Asbestos

Distribution #: 1000

Location: T917 Sub Plnd

Week Ending: 9/29/01

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK _____ HOURS

EMPLOYEE NAME: Peter Lee Kim

CIVIL SERVICE TITLE: CRS I

SOCIAL SECURITY #: _____

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					paid by	
			str.	prem.	comp str.	comp pre.	hol.	pay	comp
9/23/01	T917 Sub Plnd	WTC emergency		9					
9/27/01	T917 Sub Plnd	WTC emergency		2					

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. R. [Signature]
Bureau Chief/Commissioner's Designee

☒ Approved

☐ Disapproved

Date 10/1/01
Date



DEPARTMENT OF ENVIRONMENTAL PROTECTION

EXECUTIVE OFFICE

89-17 JUNCTION BLVD., 19TH FLOOR, CORONA, NEW YORK 11362-3107

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

NYC DEP (BANTON) ASBESTOS & LEAD CONTROL PROGRAM
OVERRIDE AUTHORIZATION FORM

Bureau/Unit: Asbestos

Distribution #: 1000

Location: 1917 L Blvd

Week Ending: 9/24/01

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK _____ HOURS

EMPLOYEE NAME: Peter Larkin

CIVIL SERVICE TITLE: CRSI

SOCIAL SECURITY #: _____

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					paid by	
			str.	prem.	comp str.	comp pre.	hol.	pay	comp
9/21/01	89 17 L Blvd	WTC emergency	2 1/2						

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. Rubin

Bureau Chief/Commissioner's Designee



Approved



Disapproved

Date

9/24/01

Date



DEPARTMENT OF ENVIRONMENTAL PROTECTION

EXECUTIVE OFFICE

89-17 JUNCTION BLVD., 19TH FLOOR, CO. ONA, NEW YORK 11368-5107

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

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

Bureau/Unit: Airports
Distribution #: TMO

Location: 89-17 Jn Blvd
Week Ending: 9/15/01

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK _____ HOURS

EMPLOYEE NAME: Peter Luckin CIVIL SERVICE TITLE: CRSI SOCIAL SECURITY #: _____

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					nd by	
			str.	prem.	comp str.	comp pre.	hol.	pay	comp
9/15/01	89-17 Jn Blvd	WTC Emergency		11					

Report Totals

Explanation: Spec. 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. R. Cohen
Bureau Chief/Commissioner's Designee

☒ Approved ☐ Disapproved

Date 9/17/01
Date