

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

ACP

5000

59-17, Junction Blvd

9/15/01

W.T.C.

EXPENSE NAME
Cecilia Di Stefano

Clerical Assoc

retirement eligibility
month ——— year ———

total overtime
previous 12 months
_____ hours

5% annual salary in
hours -----

Has employee exceeded 5%
in O.T.? (yes / no) _____

[illegible]

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. Rahr

Bureau Chief/Commissioner's Designee

☒ **1**

Approved

□

Disapproved

Date

9/12/01

Date _____