



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: BANHM

Location: 59-17 Junction Blvd

Distribution #: 5000

Week Ending: Sept 15, 2001

Weekly Attendance						
S	M	T	W	TH	F	S
—	7	7	7	7	7	7
NORMAL WORK WEEK <u>35</u> HOURS						

WTC

EMPLOYEE NAME: <u>NORMA RICHARDSON</u>	CIVIL SERVICE TITLE: <u>Asst. Chem. Eng</u>	SOCIAL SECURITY #: <u>PII</u>
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total overtime previous 12 months <u>0</u> 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					std/by	
			str.	prem.	comp str.	comp pre.	hol.	pay	comp
<u>Sept 15, 2001</u>	<u>59-17 Junction Blvd</u>	<u>WTC Emergency</u>			<u>5</u>	<u>2</u>			

Report Totals

5 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
R. Rosh
Bureau Chief/Commissioner's Designee

☒ Approved ☐ Disapproved

Date
9/17/01
Date



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OVERTIME AUTHORIZATION FORM

Bureau/Unit: BANHM

Location: 59-17 Junction Blvd.

Distribution #: _____

Week Ending: Sept 15 2001

WTC

Weekly Attendance						
S	M	T	W	TH	F	S
8 1/2	7	7	7	7	7	
NORMAL WORK WEEK <u>35</u> HOURS						

EMPLOYEE NAME: <u>NORMAN RICHARDSON</u>		CIVIL SERVICE TITLE: <u>Asst. Dir. Eng.</u>	SOCIAL SECURITY #: <u>P11</u>
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					std/by	
			str.	prem.	comp str.	comp pre.	hol.	pay	comp
<u>Sept 16, 2001</u>	<u>59-17 Junction Blvd</u>	<u>WTC Emergency</u>			<u>5</u>	<u>3 1/2</u>			

Report Totals

5 3 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

[Signature]

Authorized & Approval Signature(s)

Supervisor
R. Raehn
Bureau Chief/Commissioner's Designee

☒ Approved ☐ Disapproved

Date 9/24/01
Date _____