

000167-0007
REV. 4/97



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 (BAMM) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: EC

Location: LEFRAY

Distribution #: 5000

Week Ending: 10/6/01

Weekly Attendance						
S	M	T	W	TH	F	S
12	13	13	13	13	—	—
NORMAL WORK WEEK <u>35</u> HOURS						

EMPLOYEE NAME: <u>G.O. ANAKHU</u>		CIVIL SERVICE TITLE: <u>SCIENTIST WATER ECOLOGY</u>	SOCIAL SECURITY #: <u>PII</u>
total overtime in 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
9-30-01	WTC	ASBESTOS ANALYSIS			5	7	✓		
10-1-01	"	"				5	✓		
10-2-01	"	"				4	✓		
10-3-01	"	"				4	✓		
10-4-01	"	"				4	✓		

Report Totals

5 24

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

Bureau Chief/Commissioner's Designee

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Approved

☐

Disapproved

Date

10/9/01

Date

REV. 4/97



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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 (BANHM) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: EC

Location: LEFRAK

Distribution #: 5000

Week Ending: 9/29/01

Weekly Attendance						
S	M	T	W	TH	F	S
19	8	9	9	13	12	10
NORMAL WORK WEEK <u>35</u> HOURS						

EMPLOYEE NAME: <u>G.O. ANAKHU</u>		CIVIL SERVICE TITLE: <u>SCIENTIST WATER Ecology</u>	SOCIAL SECURITY #: <u>PII</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/bv	
			str.	prem.	comp str.	comp pre.	hol.	pay	comp
9/23/01	114-34212 ST	SB							1 1/2 hrs
9/23/01	WTC / LEFRAK	ASBESTOS ANALYSIS			5	10			
9/27/01	WTC	"				4			
9/28/01	"	"				12			
9/29/01	"	"				10			

Report Totals

5 hrs 36 hrs 2 hrs

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

Bureau Chief/Commissioner's Designee



Approved



Disapproved

Date

Date

NYC 9/11
REV. 4/97

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

EXECUTIVE OFFICES

59-17 JUNCTION BLVD., 19TH FLOOR, CORONA, NEW YORK 11368-3107

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

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

Bureau/Unit: EC
Distribution #: 5000

Location: LEFRAK
Week Ending: 9/22/01

Weekly Attendance						
S	M	T	W	TH	F	S
16	15	16 1/2	15	17	16	16
NORMAL WORK WEEK _____ HOURS						

EMPLOYEE NAME: G.O. ANAKHU		CIVIL SERVICE TITLE: SCIENTIST WATER ECOLOGY	SOCIAL SECURITY #: PII
total overtime in 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/bv	
			str.	prem.	comp str.	comp pre.	hol.	pay	comp
9/16/01	WTC	ASBESTOS ANALYSIS			5	\$10			
9/17/01	WTC	"				7			
9/18/01	"	"				7 1/2			
9/19/01	"	"				6			
9/20/01	"	"				8			
9/21/01	"	"				15.4			
9/21/01	114-74 212 St	9/21							1/2 hr

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
Bureau Chief/Commissioner's Designee

☐ Approved ☐ Disagreed

Date: 9/21/01
Date

NYC 9/11
Rev. 6/99

(2)



DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

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

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

Bureau/Unit: EC
Distribution #: 5000

Location: LEPRAK
Week Ending: 9/22/01

Weekly Attendance						
S	M	T	W	TH	F	S
16	15	16 1/2	15	17	16	16

NORMAL WORK WEEK _____ HOURS

EMPLOYEE NAME: <u>G.O. ANAKHU</u>		CIVIL SERVICE TITLE: <u>SCIENTIST WATER ECOLOGY</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.	
9/22/01	114-34 2125f	SB						16 hr
9/22/01	WTC	ASBESTOS ANALYSIS					15 1/2	

Report Totals

5 hrs (69 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.

66 1/2

Authorized & Approval Signature(s)
[Signature]
Supervisor
Bureau Chief/Commissioner's Designee

☐ Approved ☐ Disapproved

Date: 9/21/01
Date: _____

SEP 14 2001
NYC 9/17



DEPARTMENT OF ENVIRONMENTAL PROTECTION

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59-17 JUNCTION BLVD., 19TH FLOOR, CORONA, NEW YORK 11368-3107

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

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

Bureau/Unit: EC

Location: LEFRAK

Distribution #: 6000

Week Ending: 9/15/01

Weekly Attendance						
S	M	T	W	TH	F	S
—	8	11	13	14 1/2	22	15
NORMAL WORK WEEK <u>35</u> HOURS						

EMPLOYEE NAME: <u>G.O.O. ANAKHU</u>		CIVIL SERVICE TITLE: <u>SCIENTIST WATER ECOLOGY</u>	SOCIAL SECURITY #: <u>PII</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/bv	
			str.	prem.	comp str.	comp pre.	hol.	pay	comp
9/11/01	WORLD TRADE CENTER	ASBESTOS ANALYSIS			2 1/2				
9/12/01	"	"			3	1			
9/13/01	"	"				5 1/2			
9/14/01	"	"				2 1/2			
9/15/01	"	"				15			

Report Totals

5 43 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

Bureau Chief/Commissioner's Designee



Approved



Disapproved

Date

Date