* DEP 167
4/82

D.E.P. OVERTIME AUTHORIZATION FORM

1. Bureau EMERGENCY MANAGEMENT 2. Location LEFRAK

3. Distribution Number 8909 4. Week Ending 9-15-01

5. Weekly Attendance						
S	M	T	W	T	F	S
0	7	17	16	15	21	15

6. Normal Work Week 35 Hours

*This form is to be permanently filed in employee's personnel folder at location and Bureau headquarters.

7. Employee Name	8. Civil Service Title	9. Social Security No.
JOSEPH SCAFIDI	COMMUNITY COORDIN.	PII

10. Total Overtime Previous 12 Months _____ Hours	11. 5% Annual Salary in Hours _____	12. Has Employee Exceeded 5% in O.T.? (Yes/No) _____	13. Retirement Eligibility: _____ Month _____ Year

14. Date(s)	15. Location(s) & CC#'S / Job #'S (If Applicable)	16. Reason (s)	17. Time Allocation STR	PREM	COMP
9-11-01		WORLD TRADE CENTER	5	5	
9-12-01		WORLD TRADE CENTER		9	
9-13-01	[illegible]	11		8	
9-14-01	[illegible]	11		14	
9-15-01	[illegible]	11		15	
		18. Report Totals	5	51	

19. Explanation: Specify in the space below the reason why this employee was permitted to earn in excess of 5% of his/her salary.

[illegible] fy dmt WTC Codes adj 12/19/01

Authorized & Approval Signature(s):

20. Supervisor [signature] Date 9/20/01

☑ Approved ☐ Disapproved

21. Bureau Chief/Commissioner's Designee _____ Date _____

LOCATION COPY PART 1

• DEP 167
4/82.

D.E.P. OVERTIME AUTHORIZATION FORM

1. Bureau EMER. MANAGEMENT 2. Location LEFRAK

3. Distribution Number 8909 4. Week Ending 9-22-01

5. Weekly Attendance						
S	M	T	W	T	F	S
16	7	13	11	12	12	0

6. Normal Work Week 35 Hours

*This form is to be permanently filed in employee's personnel folder at location and Bureau headquarters.

7. Employee Name	8. Civil Service Title	9. Social Security No.
JOSEPH SCAFIDI	COMMUNITY COORDINATOR	PII

10. Total Overtime Previous 12 Months ____ Hours	11. 5% Annual Salary in Hours ____	12. Has Employee Exceeded 5% in O.T.? (Yes/No) ____	13. Retirement Eligibility: ____ Month ____ Year

14. Date(s)	15. Location(s) & CC#'S / Job #'S (if Applicable)	16. Reason (s)	17. Time Allocation STR	PREM	COMP
9/16/01	W.T.C	SUNDAY 16	5	4 11	
9/18/01	W.T.C	~~Mon~~ Tues 7		6 ✓	
9/19/01	W.T.C.	Wed.		4 ✓	
9/20/01	W.T.C	Thurs		5	
9/21/01	W.T.C.	Fri		5	Friday
		18. Report Totals	5	24	

19. Explanation: Specify in the space below the reason why this employee was permitted to earn in excess of 5% of his/her salary.

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Authorized & Approval Signature(s):

20. Supervisor _____ Date

☑ Approved ☐ Disapproved

21. Bureau Chief/Commissioner's Designee _____ Date

LOCATION COPY PART 1

• DEP 167
4/82

D.E.P. OVERTIME AUTHORIZATION FORM

1. Bureau EMERGENCY MANAGEMENT 2. Location LEFRAK

3. Distribution Number 8909 4. Week Ending 9-29-01

5. Weekly Attendance						
S	M	T	W	T	F	S
14	14		15	12		14

6. Normal Work Week 35 Hours

*This form is to be permanently filed in employee's personnel folder at location and Bureau headquarters.

7. Employee Name	8. Civil Service Title	9. Social Security No.
JOSEPH SCAFIDI	COMMUNITY LIASON	PII

10. Total Overtime Previous 12 Months ____ Hours	11. 5% Annual Salary in Hours ____	12. Has Employee Exceeded 5% in O.T.? (Yes/No) ____	13. Retirement Eligibility: ____ Month ____ Year

14. Date(s)	15. Location(s) & CC#'S / Job #'S (If Applicable)	16. Reason (s)	17. Time Allocation STR	PREM	COMP
9/23/01	PIER 92	W.T.C.	5 ✓	2 ✓	
9/24/01	~~PIER~~ GROUND ZERO	W.T.C		7 ✓	
9/26/01	GROUND ZERO	W.T.C.		8 ✓	
9/27/01	GROUND ZERO	W.T.C.		5 ✓	
9/29/01	GROUND ZERO	W.T.C.		7 ✓	
		18. Report Totals	5	29	

19. Explanation: Specify in the space below the reason why this employee was permitted to earn in excess of 5% of his/her salary.

KJ Hold to Do Adjustment 10/26/01 adj to 11/01/01 WTC coded

Authorized & Approval Signature(s):

20. Supervisor LATE 9/29/01 Date

☐ Approved ☐ Disapproved

21. Bureau Chief/Commissioner's Designee ____ Date

LOCATION COPY PART 1

DEP 167
4/82

Original

D.E.P. OVERTIME AUTHORIZATION FORM

1. Bureau EMERGENCY MANAGEMENT 2. Location LEFRAK

3. Distribution Number 8909 4. Week Ending 10/6/01

5. Weekly Attendance						
S	M	T	W	T	F	S
14	14	-	15	12	-	14

6. Normal Work Week 35 Hours

*This form is to be permanently filed in employee's personnel folder at location and Bureau headquarters.

7. Employee Name	8. Civil Service Title	9. Social Security No.
JOSEPH SCAFIDI	COMMUNITY COORDINATOR	PII

10. Total Overtime Previous 12 Months ____ Hours	11. 5% Annual Salary in Hours ____	12. Has Employee Exceeded 5% in O.T.? (Yes/No) ____	13. Retirement Eligibility: ____ Month ____ Year

14. Date(s)	15. Location(s) & CC#'S / Job #'S (If Applicable)	16. Reason (s)	17. Time Allocation STR	PREM	COMP
9-30-01	W.T.C.		5 ✓		
10/2/01	W.T.C.			7 ✓	
10/3/01	W.T.C.			7 ✓	
10/5/01	W.T.C.			6 ✓	
10/6/01	W.T.C.			11 ✓	
		18. Report Totals	5	31	

19. Explanation: Specify in the space below the reason why this employee was permitted to earn in excess of 5% of his/her salary.

Paid on 10/26/01

Authorized & Approval Signature(s):

20. Supervisor — Date 10/8/01

☐ Approved ☐ Disapproved

21. Bureau Chief/Commissioner's Designee — Date

LOCATION COPY PART 1

• DEP 157
2/82

D.E.P. OVERTIME AUTHORIZATION FORM

1. Bureau EMERGENCY MGMT 2. Location LEFRAK

3. Distribution Number _____ 4. Week Ending 10/13/01

5. Weekly Attendance						
S	M	T	W	T	F	S
0	13	12	0	13	13	0

6. Normal Work Week 35 Hours

*This form is to be permanently filed in employee's personnel folder at location and Bureau headquarters.

7. Employee Name	8. Civil Service Title	9. Social Security No.
JOSEPH SCARIDI	Community Coordinator	PII

10. Total Overtime Previous 12 Months _____ Hours	11. 5% Annual Salary in Hours _____	12. Has Employee Exceeded 5% in O.T.? (Yes/No) _____	13. Retirement Eligibility: _____ Month _____ Year

14. Date(s)	15. Location(s) & CC#'S / Job #'S (If Applicable)	16. Reason (s)	17. Time Allocation STR	PREM	COMP
M 10/8/01	Holiday W.T.C.	5	4		
Tu 10/9/01	W.T.C.	5	1	2	
We 10/10/01	W.T.C	6		4	
Th 10/12/01	W.T.C	6		4	
		18 prem			
		5			
		5			
		18. Report Totals	5	10	

did correct WAY WTC

19. Explanation: Specify in the space below the reason why this employee was permitted to earn in excess of 5% of his/her salary.

Did Adjustment
11/21/01

Authorized & Approval Signature(s):

20. Supervisor _____ Date

☐ Approved ☐ Disapproved

21. Bureau Chief/Commissioner's Designee _____ Date

LOCATION COPY PART 1

• DEP 167
4/82

D.E.P. OVERTIME AUTHORIZATION FORM

1. Bureau EMERGENCY 2. Location LEFRAK

3. Distribution Number 8909 4. Week Ending 10-20-01

5. Weekly Attendance						
S	M	T	W	T	F	S
12	—	12	13	12	—	12

6. Normal Work Week 35 Hours

*This form is to be permanently filed in employee's personnel folder at location and Bureau headquarters.

7. Employee Name	8. Civil Service Title	9. Social Security No.
JOSEPH SCAFIDI	COMMUNITY COORDINATOR	PII

10. Total Overtime Previous 12 Months ____ Hours	11. 5% Annual Salary in Hours ____	12. Has Employee Exceeded 5% in O.T.? (Yes/No) ____	13. Retirement Eligibility: ____ Month ____ Year

14. Date(s)	15. Location(s) & CC#'S / Job #'S (If Applicable)	16. Reason (s)	17. Time Allocation STR	PREM	COMP
10/14/01	W.T.C.		5 ✓		
10/16/01	W.T.C.			5 ✓	
10/17/01	W.T.C.			6 ✓	
10/18/01	W.T.C.			5 ✓	
10/20/01	W.T.C.			5 ✓	
		18. Report Totals	5	21	

19. Explanation: Specify in the space below the reason why this employee was permitted to earn in excess of 5% of his/her salary.

T.J. Did Adj: 11/01/01

Authorized & Approval Signature(s):

20. Supervisor ____ Date

☐ Approved ☐ Disapproved

21. Bureau Chief/Commissioner's Designee ____ Date

LOCATION COPY PART 1

*DEP 167
4/82

D.E.P. OVERTIME AUTHORIZATION FORM

1. Bureau EMERGENCY MANAGEMENT 2. Location LEFRAK / W.T.C.

3. Distribution Number 8909 4. Week Ending 10-27-01

5. Weekly Attendance						
S	M	T	W	T	F	S
0	13	12	12	0	13	12

6. Normal Work Week 35 Hours

*This form is to be permanently filed in employee's personnel folder at location and Bureau headquarters.

7. Employee Name	8. Civil Service Title	9. Social Security No.
JOSEPH SCAFIDI	Community Coordinator	PII

10. Total Overtime Previous 12 Months ____ Hours	11. 5% Annual Salary In Hours ____	12. Has Employee Exceeded 5% in O.T.? (Yes/No) ____	13. Retirement Eligibility: ____ Month ____ Year

14. Date(s)	15. Location(s) & CC#'S / Job #'S (If Applicable)	16. Reason (s)	17. Time Allocation STR	PREM	COMP
10/22/01 Mon.	W.T.C.		5 4		
10/23/01 Tues	W.T.C.		1	3 8	
10/24/01 Thurs.	W.T.C.			6 8	
10/26/01 Fri.	W.T.C.			6 6	
10/27/01	W.T.C.			5	
		18. Report Totals	5	22 19	

19. 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):

20. Supervisor — 10/29/01 Date

☑ Approved ☐ Disapproved

21. Bureau Chief/Commissioner's Designee — Date

LOCATION COPY PART 1