rev. 4/01

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 (HANEM) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: BEC **Location:** LEFRAK

Distribution #: 5000 **Week Ending:** 10/06/2001

Weekly Attendance						
S	M	T	W	TH	F	S
10 1/2	10 1/2	11 1/2	12 1/2	12	7	/

NORMAL WORK WEEK 35 HOURS

Employee Name:	Civil Service Title:	Social Security #:
L. ATTELONET	Assoc. Lab. Micrbg. II	PII

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 str.	prem.	comp str.	comp pre.	hol.	std/by pay	std/by comp
9/30/01	W.T.C.	Air Monitoring	10 1/2 hrs 5.00	5 1/2					
10/1/01			3 1/2 hrs	3 1/2					
10/2/01			4 1/2 hrs	4 1/2					
10/3/01			5 1/2 hrs	5 1/2					
10/4/01			5 hrs	5					
		Report Totals	5.00	24.00					

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 _____ Date 10/10/01

Bureau Chief/Commissioner's Designee _____ ☐ Approved ☐ Disapproved Date _____

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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 (BANEM) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: BEC **Location:** LEFRAK

Distribution #: 5000 **Week Ending:** 09/29/2001

Weekly Attendance						
S	M	T	W	TH	F	S
8	14	7	10	15	14.5	12

NORMAL WORK WEEK 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
L. ATTELONET	Assoc. Lab. Micros. II	PII

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 str.	prem.	comp str.	comp pre.	hol.	std/by pay	std/by comp
9/23/01	Sun. WTC	A. & Sampling 8 hrs	5.00	3.00	4				
9/24/01	Mon. "	" 6 hrs		7.00					
9/25/01	Tues. "	" 2 hrs		3.00					
9/27/01	Thurs. "	" 7 8 hrs		8.00					
9/28/01	Fri. "	" 6½ 7½ hrs		7.50					
9/29/01	SAT. "	" 12 hrs		12.00					
		Report Totals	5.00	40.50					

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

(5) 36½

Authorized & Approval Signature(s)

Supervisor — Date 10/1/01

Bureau Chief/Commissioner's Designee — ☒ Approved ☐ Disapproved — Date

Paid 10/11

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 (BANEM) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: BEC **Location:** LEFRAK

Distribution #: 5000 **Week Ending:** 09/22/2001

Weekly Attendance						
S	M	T	W	TH	F	S
12 1/2	12	8 1/2	14 1/2	12	12	11 1/2

NORMAL WORK WEEK 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
L. ATTELONET	Assoc. Lab. Micros. II	PII

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 str.	prem	comp str.	comp pre.	hol.	std/ov pay	std/ov comp
9/16/01	WTC	Air Sampling	5.00	7 1/2					
9/17/01	"	" "		5					
9/18/01	"	" "		1 1/2					
9/19/01	"	" "		7 1/2					
9/20/01	"	" "		5					
9/21/01	"	" "		5					
9/22/01	"	" "		11 1/2					
		Report Totals	5.00	43					

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 — Date 10/11/01

Bureau Chief/Commissioner's Designee — [X] Approved [ ] Disapproved — Date 10/11/01

The City of New York

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 (BANEM) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: BEC **Location:** LEFRAK

Distribution #: 5000 **Week Ending:** 09/15/2001

Weekly Attendance						
S	M	T	W	TH	F	S
16	7	14	16	13.5	21.0	10.5

NORMAL WORK WEEK 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
L. ATTELONET	Assoc. Lab. Micros. II	PII

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 str.	prem.	comp str.	comp pre.	hol.	std/by pay	std/by comp
9/09/2001	74-02-2569 St (Qns)	16 HRS S/by						8.00	
9/11/2001	WTC (MN)	7 Hour E/R Air Monitoring	5.00	2.00					
9/12/2001	" "	" " 9 hrs E/R		9.00					
9/13/2001	" "	" " 6.5 hrs E/R		6.50					
9/14/2001	" "	" " 14.0 hrs E/R		14.00					
9/15/2001	" "	" " 10.5 hrs E/R		10.50					
		Report Totals	5.00	42.00				8.00	

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 — Date 9/18/01

Bureau Chief/Commissioner's Designee — ☒ Approved ☐ Disapproved — Date