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The City of New York

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

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

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

Bureau/Unit: ENV. COMP- ASBESTOS **Location:** LEFRAK

Distribution #: 5000 **Week Ending:** 10-6-01

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK ——— HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	
MICHAEL P. DAVIS	ASA	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.	SHIFT pay	SHIFT comp
9-30-01	2016 ALBEMARLE RD	SBY						8	
10-1-01	"	SBY						3	✓
10-2-01	"	SBY						1	
"	83-10 PETTIT AV	ER		4	✓				
10-3-01	WASHINGTON ST	ER		4	✓				
"	2016 Albemarle Rd	SBY						1	
10-4-01	"	SBY						3	
		Report Totals		8				16	

Explanation: Briefly 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) S. N.

Supervisor — Date 10/9/01

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

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

Bureau/Unit: ENV. COMP - ASBESTOS Location: LEFRAK

Distribution #: 5000 Week Ending: 10-6-01

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK ——— HOURS

Employee Name: MICHAEL P. DAVIS Civil Service Title: ASA Payroll Number: P11

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 prm.	hol.	NIF by pay	NIF by comp
10-5-01	2016 Albemarle Rd	SBY						3	
10-6-01	"	SBY						6	
"	4th Ave @ 45th St	ER		4	/				
		Report Totals			4	12		9	5

Explanation: Briefly 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) SW

Supervisor 10/9/01 Date

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