1 of 2

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 (BUREAU) ASBESTOS & LEAD CONTROL PROGRAM OVERTIME AUTHORIZATION FORM

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

Distribution #: 5000 **Week Ending:** 9-29-01

Weekly Attendance						
S	M	T	W	TH	F	S
8						

NORMAL WORK WEEK 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
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 prm.	hol.	std by pay	std by comp
9-23-01	2016 Albemarle Rd	STAND BY						8	
"	LERRSK	WTC E/R	9						
9-24-01	2016 Albemarle Rd	STAND BY						3	
9-25-01	"	"						3	
9-26-01	"	"						3	
9-27-01	856 QUINCY ST	E/R	1	3					
"	2016 Albemarle Rd							1	
		Report Totals							

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

Authorized & Approved Signature(s)

Supervisor — Date 10/1/01

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

2 of 2

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 (BANKS) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

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

Distribution #: 5000 Week Ending: 9-29-01

Weekly Attendance						
S	M	T	W	TH	F	S

NORMAL WORK WEEK 35 HOURS

Employee Name:	Civil Service Title:	Social Security #
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.	std by pay	std by comp
9-28-01	2016 Albemarle Rd	STAND BY						3	
9-29-01	"	STAND BY						6	✓
9-29-9	WILCOX AVE	ER		4	✓				
				•			•		
			10	7					22

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)

Supervisor Date 9/1/01

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

You ARE NOT Filling this Form out correctly.

OT WAS NOT IN Remark ~~column~~ Column ON Original Timesheet