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 (BANHM) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: BEC **Location:** Lefrak

Distribution #: 5308 **Week Ending:** Sep 22nd, 01

Weekly Attendance						
S	M	T	W	TH	F	S
12	15	13½	7	10½	10	0

NORMAL WORK WEEK 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
SHAILENDRA MOYA	project Manager	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
9/16/01	Lefrak Air lab	WTC Emmergency response 7AM - 8pm	5	7					
9/17/01	Lefrak Air lab	WTC Emmergency work		8					
9/18/01	Lefrak Air lab	WTC Emmergency work		6½					
9/20/01	Lefrak Air lab	8 pm - 10pm STANDBY Canmister cleaning		1½				2	
9/21/01	Lefrak Air lab	8pm - 10pm STANDBY Motor repair		1				2	
		Report Totals	5	24				4	

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 9/24/01

Bureau Chief/Commissioner's Designee ☑ Approved ☐ Disapproved Date 9/24/01

REV. 4/97

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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: BEC **Location:** Lefrak

Distribution #: 5308 **Week Ending:** 9/15/01

Weekly Attendance						
S	M	T	W	TH	F	S
0	10 1/2	10 1/2	11	13	16	10 1/2

NORMAL WORK WEEK 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
SHAILENDRA Koya	project Manager	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 str.	prem.	comp str.	comp pre.	hol.	std/by pay	std/by comp
9/10/01	Lefrak Airlab	3pm-10pm STANDBY Equipment Calibration	1 1/2					2	
9/11/01	Lefrak Airlab	3pm-10pm STANDBY Equipment Setup	1 1/2					2	
9/12/01	Lefrak Airlab	8pm-10pm STANDBY Equipment Calibration	2					2	
9/13/01	Lefrak Airlab	Emergency 3pm-9pm) World Trade Center work		6					
9/14/01	Lefrak Airlab.	World Trade Center (3-12pm) Emergency response work		9					
9/15/01	Lefrak - Airlab	World Trade center AM PM Emergency response 7-8		11 1/2					
		Report Totals	5	26 1/2				6	

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 9/17/01

Bureau Chief/Commissioner's Designee _____ ☑ Approved ☐ Disapproved Date 9/17/01

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REV. 4/97

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 #: 5015 **Week Ending:** 9/22/01

Weekly Attendance						
S	M	T	W	TH	F	S
12 1/2	16	13 1/2	8 1/2	8 1/2	8 1/2	4

NORMAL WORK WEEK — 35 — HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
OZA, MANOJ	SR ECT	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
9/16	Lefrak AIRLAB	WTC Emergency Resp	5	7 1/2					
9/17	AIRLAB	WTC Emerg. Resp.		9					
9/18	AIRLAB	WTC Emerg. Resp.		6 1/2					
9/19	AIRLAB	Calibrate equipment		1 1/2					
9/20	AIRLAB	canister cleaning		1 1/2					
9/21	AIRLAB	Repair work		1 1/2					
9/22		STANDBY						4	
		Report Totals	5	27 1/2				4	

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 9/24/01

Bureau Chief/Commissioner's Designee — ☑ Approved ☐ Disapproved — Date 9/24/01

REV. 6/97

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 (BANHM) ASBESTOS & LEAD CONTROL PROGRAM
OVERTIME AUTHORIZATION FORM

Bureau/Unit: BEC **Location:** Lefrak

Distribution #: 5015 **Week Ending:** 9/15/01

Weekly Attendance						
S	M	T	W	TH	F	S
4	9 1/2	8 1/2	9	13	16	11 1/2

NORMAL WORK WEEK 35 HOURS

EMPLOYEE NAME:	CIVIL SERVICE TITLE:	SOCIAL SECURITY #:
OZA, MANOJ	SCEC	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
9/9/01		STANDBY						4	
9/10	AIR LAB	Calibrate equipment	2 1/2						
9/11	AIR LAB	Setup equipment	1 1/2						
9/12	AIR LAB	Calibrate equipment	1	1					
9/13	AIR LAB	WTC Emergency resp.		6					
9/14	AIR LAB	WTC Emergency resp		9					
9/15	AIR LAB	WTC Emergency resp		11 1/2					
		Report Totals	5	27 1/2				4	

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 9/17/01

Bureau Chief/Commissioner's Designee ☑ Approved ☐ Disapproved Date 9/17/01

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