FOI#15844

C O R P O R A T I O N

260 Fifth Avenue, 3rd Floor New York, NY 10001 Telephone 212 545-1955 Fax 212 545-1940

UPDATED EMPLOYMENT RECORD REQUEST

February 27th, 2015

Attn: Freedom Of Information Administration
Port Authority Main Office
225 Park Avenue South
17th Floor
New York, NY 10003

Dear Sir or Madam:

Reference number:1432023ADTYK

In accordance with the attached authorization, we have been requested by counsel to obtain the FULL UPDATED EMPLOYMENT RECORD of the person listed below.

Towards this, please find enclosed an authorization duly notarized and set forth below is the applicable data:

Last name :FERRARA
First name :ANTHONY
Sex:M
SS#:XXX-XX-
Date of Birth :
Status :Employee
Date(s) requested :11/16/2013 to Present

Please include the following: Complete UPDATED W2 Forms, Wage And Salary History, Lost Time, Etc.

It would be greatly appreciated if you would forward this record to us immediately and we will pay the required amount by return mail. If the total charge for the record exceeds $100.00, please contact the undersigned for approval prior to forwarding the record. **IF YOU DO NOT HAVE RECORDS, PLEASE ADVISE THIS OFFICE OF SAME BY RETURN LETTER ON YOUR LETTERHEAD.**

Thank you for your prompt attention to this request.

Very truly yours,

Anna Bradford

Reference number:1432023ADTYK14268

As representative of Port Authority Main Office, I have completed a diligent search for the following records:**(Please Circle One) Pharmacy / Employment / School / Insurance / Medical / Other.** Please be advised that we do not have records regarding the referenced individual. For further information, contact the undersigned at (____)_____ (telephone number).

_____ _____

Date Signature

Received on 3/4/15

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name Anthony Ferrara	Date of Birth	Social Security Number
Patient Address 122 Lyon Place, Lynbrook, New York 11563		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extend that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**

7. Name and address of health provider or entity to release this information:
Port Authority of NY + NJ, 913 Frank Rodgers Blvd, South Harrison NJ

8. Name and address of person(s) or category of person to whom this information will be sent:
Kerley Walsh 6800 Jericho Tpke Syosset NY 11791

9(a). Specific information to be released:

[ ] Medical Record from (insert date)_____ to (insert date) _____

[x] Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

[x] Other: Employment Records

Include: (*Indicate by Initialing*)

_____ **Alcohol/Drug Treatment**

_____ **Mental Health Information**

_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) [ ] By initialing here _____ I authorize _____

Initials — Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information [ ] At request of individual [X] Other: Litigation	11. Date or event on which this authorization will expire: Upon conclusion of litigation
12. If not the patient, name of person signing form:	12. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form

Anthony Ferrara

Signature of patient or representative authorized by law

Date: 9/10/14

KERLEY, WALSH, MATERA & CINQUEMANI, P.C.
2174 JACKSON AVENUE
SEAFORD, NEW YORK 11783
(516) 409-6200
FAX (516) 409-8288

BRIAN P. KERLEY
JEFFREY G. WALSH
ROSEMARY CINQUEMANI
GLENN J. MATERA
JEFFREY M. DILUCCIO
KATHLEEN LINDSAY, R.N.
PATRICK J. SHELLEY
STEPHEN E. RACH II
CORNELIUS M. CAWLEY

LAUREN B. BRISTOL
KERRI E. LEVY
TIMOTHY D. CAMERON
TIMOTHY M. SHELLEY
GERILYNN F. FALASCO
CHRISTINE M. CAWLEY
BRETT J. MILGRIM
ARGIRO DRAKOS
STEPHANIE A. JOHNSTON
JENNIFER M. WALSH
FARIJE FREILICH

"HIPAA COMPLIANT" AUTHORIZATION AND) POWER OF ATTORNEY

This 'HIPAA' compliant authorization and power of attorney authorizes the recipient to provide Protected Health Information ("PHI") to our record-retrieval agent and attorney-in-fact, **Record Access Corporation** 260 Fifth Avenue, 3rd floor, New York, NY 10001.

The power of attorney complies with the requirements of The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all federal regulations promulgated thereunder by the Department of Health and Human Services and is limited to any and all action required to obtain PHI

When accompanied by a valid authorization form signed by the patient, naming this law firm as the person who will receive protected health information, this authorization will authorize any health care provider, to furnish the information and records designated therein to our record-retrieval agent and attorney-in-fact, **Record Access Corporation.**

I, Jeffrey G. Walsh, a partner in the firm of KERLEY, WALSH, MATERA & CINQUEMANI, P.C., hereby: (a) certify that **Record Access Corporation** is the record-retrieval agent of the Firm: and (b) designate **Record Access Corporation** the Firm's attorney in fact to execute, effectuate, process and expedite record requests and authorizations for production of PHI by health care providers.

Upon receipt of a copy of thus "HIPAA compliant" authorization and power of attorney, you are authorized to produce PHI to **Record Access Corporation**, and to engage in all necessary follow-up communications with **Record Access Corporation** for the purpose of clarifying the scope of an authorizations, arranging payment for copies, or similar purposes.

The signed and notarized original of this "HIPAA compliant" authorization and power of attorney is maintained on file and is available for inspection during regular business hours at the offices of **Record Access Corporation**, 260 Fifth Avenue, 3rd floor, New York, NY 10001. If you have any questions regarding the force, effect, or continuing validity of this "'HIPAA compliant' authorization and power of attorney, they may he directed to the' undersigned at the telephone number shown above.

Jeffrey G. Walsh

ACKNOWLEDGMENT

STATE OF NEW YORK)

ss.:

COUNTY OF NASSAU)

On the 2 day of April in the year 2013, before me, the undersigned, personally appeared I , personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person on behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC

JEFFREY M. DILUCCIO
Notary Public, State of New York
No. 01DI4928121
Qualified in Nassau County
Commission Expires April 18, 2014

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

August 12, 2015

Ms. Anna Bradford
Record Access Corporation
260 Fifth Avenue, 3rd Floor
New York, NY 10001

Re: Freedom of Information Reference No. 15849

Dear Ms. Bradford:

This is in response to your February 27, 2015 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy enclosed) for a copy of the full updated employment records related to Anthony Ferrara, including complete updated W2 Forms, wage and salary history and lost time.

Material responsive to your request and available under the Code can be found on the Port Authority's website at http://www.panynj.gov/corporate-information/foi/15849-O.pdf. Paper copies of the available records are available upon request.

Pursuant to the Code, certain portions of the material responsive to your request are exempt from disclosure as, among other classifications, personal privacy.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,

Danny Ng
FOI Administrator

Enclosure

4 World Trade Center, 18th Floor
150 Greenwich Street
New York, NY 10007
T: 212 435 7348 F: 212 435 7555

ORACLE

Database: HR90PR --- User: NSAMPSON --- Datetime: Wednesday, April 1, 2015 03:45:10

Home | Worklist | Add to Favorites | Sign out

New Window | Help

Year End Data Combined

W-2 Information

Find | View All First 2 of 6 Last

Company: TH Calendar Year: 2013 EmplID: T8903 Tax Form ID: W-2 Process Flag: Complete

Employee Information

Find | View All First 1 of 1 Last

First Name: ANTHONY Middle Name: J

Last Name: FERRARA Suffix:

Address 1: Sequence: 1

Address 2: Social Security #:

City:

State: Postal Code: Country: USA

PR Control Number: T563 - T8903 PR e-File Confirmation Number:

Employee Status

Statutory Employee Retirement Plan Third-party sick pay Medicare Only

Tax Form Box Detail

Customize | Find | View 2 | First 1-8 of 8 Last

Box	Description	State	Locality	Locality Name	Box Amount
01	Wages,tips,other compensation				43390.35
[redacted]	[redacted]				[redacted]
[redacted]	[redacted]				[redacted]
[redacted]	[redacted]				[redacted]
14R	Tier I - Railroad Retirement				2690.20
14S	Tier II - Railroad Retirement				1918.31
16	State wages, tips, etc.	NY			43390.35
[redacted]	[redacted]	[redacted]			[redacted]

Save | Return to Search | Notify | Update/Display | Include History | Correct History

ORACLE

Database: HR90PR --- User: NSAMPSON --- Datetime: Wednesday, April 1, 2015 03:45:10

Home | Worklist | Add to Favorites | Sign out

New Window | Help

Year End Data Combined

W-2 Information — Find | View All — First 1 of 6 Last

Company: TH Calendar Year: 2014 EmplID: T8903 Tax Form ID: W-2 Process Flag: Complete

Employee Information — Find | View All — First 1 of 1 Last

First Name: ANTHONY Middle Name: J

Last Name: FERRARA Suffix:

Address 1: [redacted] Sequence: 1

Address 2: Social Security #: [redacted]

City: [redacted]

State: [redacted] Postal Code: [redacted] Country: USA

PR Control Number: T563 - T8903 PR e-File Confirmation Number:

Employee Status

- [redacted] Statutory Employee
- [redacted] Retirement Plan
- [redacted] Third-party sick pay
- [redacted] Medicare Only

Tax Form Box Detail — Customize | Find | View 2 | — First 1-9 of 9 Last

Box	Description	State	Locality	Locality Name	Box Amount
01	Wages,tips,other compensation				54705.32
[redacted]	[redacted]				[redacted]
[redacted]	[redacted]				[redacted]
[redacted]	[redacted]				[redacted]
14R	Tier I - Railroad Retirement				3391.57
14S	Tier II - Railroad Retirement				2129.91
[redacted]	[redacted]				[redacted]
16	State wages, tips, etc.	NY			54705.32
[redacted]	[redacted]	[redacted]			[redacted]

Save | Return to Search | Notify | Update/Display | Include History | Correct History

11/29/2013	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
12/9/2013	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
12/10/2013	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
12/11/2013	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
12/12/2013	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
12/13/2013	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
1/3/2014	T8903	Ferrara,Anthony J.	PER	Excused Personal Day	8.000000	1/1/2013	3/11/2015
1/3/2014	T8903	Ferrara,Anthony J.	PL+	Personal Lve Bal. Adj. (Pos.)	32.000000	1/1/2013	3/11/2015
1/3/2014	T8903	Ferrara,Anthony J.	VC+	Vac Lve Bal. Adj. (Pos.)	120.000000	1/1/2013	3/11/2015

2/24/2014	T8903	Ferrara,Anthony J.	PER	Excused Personal Day	8.000000	1/1/2013	3/11/2015
4/14/2014	T8903	Ferrara,Anthony J.	PER	Excused Personal Day	8.000000	1/1/2013	3/11/2015
4/18/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
5/2/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
5/19/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
5/20/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
5/21/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
5/22/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
5/23/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
6/5/2014	T8903	Ferrara,Anthony J.	PER	Excused Personal Day	8.000000	1/1/2013	3/11/2015
6/6/2014	T8903	Ferrara,Anthony J.	NSK	Sick No Pay	8.000000	1/1/2013	3/11/2015
6/9/2014	T8903	Ferrara,Anthony J.	NSK	Sick No Pay	8.000000	1/1/2013	3/11/2015
6/10/2014	T8903	Ferrara,Anthony J.	NSK	Sick No Pay	8.000000	1/1/2013	3/11/2015
6/11/2014	T8903	Ferrara,Anthony J.	NSK	Sick No Pay	8.000000	1/1/2013	3/11/2015
6/12/2014	T8903	Ferrara,Anthony J.	NSK	Sick No Pay	8.000000	1/1/2013	3/11/2015
6/13/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/16/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	63.100000	1/1/2013	3/11/2015
6/16/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/17/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	63.100000	1/1/2013	3/11/2015
6/17/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/18/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	63.100000	1/1/2013	3/11/2015
6/18/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/19/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	63.100000	1/1/2013	3/11/2015
6/19/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/20/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	63.100000	1/1/2013	3/11/2015
6/20/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/23/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	63.100000	1/1/2013	3/11/2015
6/23/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/24/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	63.100000	1/1/2013	3/11/2015
6/24/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/25/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	63.100000	1/1/2013	3/11/2015

6/25/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/26/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	63.100000	1/1/2013	3/11/2015
6/26/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/27/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	63.100000	1/1/2013	3/11/2015
6/27/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
6/30/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
6/30/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/1/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/1/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/2/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/2/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/3/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/3/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/4/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/4/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/7/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/7/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/8/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/8/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/9/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/9/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/10/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/10/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/11/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/11/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/14/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/14/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/15/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/15/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/16/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/16/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015

7/17/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/17/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/18/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/18/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/21/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/21/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/22/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/22/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/23/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/23/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/24/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/24/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/25/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/25/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/28/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/28/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/29/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/29/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/30/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/30/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
7/31/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
7/31/2014	T8903	Ferrara,Anthony J.	SCK	Sick at Full Pay	8.000000	1/1/2013	3/11/2015
8/1/2014	T8903	Ferrara,Anthony J.	RRS	RR Entitlement	64.960000	1/1/2013	3/11/2015
8/1/2014	T8903	Ferrara,Anthony J.	SHP	Sick At Half Pay	8.000000	1/1/2013	3/11/2015
10/7/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
11/10/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
11/28/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
12/2/2014	T8903	Ferrara,Anthony J.	NSK	Sick No Pay	8.000000	1/1/2013	3/11/2015
12/22/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
12/23/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
12/24/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015

12/26/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
12/29/2014	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
1/2/2015	T8903	Ferrara,Anthony J.	PL+	Personal Lve Bal. Adj. (Pos.)	32.000000	1/1/2013	3/11/2015
1/2/2015	T8903	Ferrara,Anthony J.	VC+	Vac Lve Bal. Adj. (Pos.)	144.000000	1/1/2013	3/11/2015
2/13/2015	T8903	Ferrara,Anthony J.	VAS	Vacation W/Pay - Scheduled	8.000000	1/1/2013	3/11/2015
2/26/2015	T8903	Ferrara,Anthony J.	PER	Excused Personal Day	8.000000	1/1/2013	3/11/2015