DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WEEKENDING: _____ **SECTION:** ENV. ECONOMICS DEV. ASST.

DISTRIBUTION NO: 1601 & 5005

The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

FULL TIME _____

NAME	ARR	SIGNATURE	LUNCH OUT	LUNCH IN	DEP	SIGNATURE	REMARKS
MONDAY							
DIST# 1601 ELLIS, KAREN							
MACDONALD, BRUCE							
TUESDAY							
DIST# 1601 ELLIS, KAREN							
MACDONALD, BRUCE							
WEDNESDAY							
DIST# 1601 ELLIS, KAREN							
MACDONALD, BRUCE							
THURSDAY							
DIST# 1601 ELLIS, KAREN							
MACDONALD, BRUCE							
FRIDAY							
DIST# 1601 ELLIS, KAREN							
MACDONALD, BRUCE							

Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy _____

Supervisor's Signature