

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE**

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

DIST. BUTION 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 IN	DEP	SIGNATURE	REMARKS
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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 _____