

**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	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