

**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 _____