

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Fri  
DATE 1-19-01

SECTION ALCP  
DIST.# 5000

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

ENFORCEMENT  
REGULAR TIME SHEET  
9:00AM TO 5:00PM

| NAME      | ARR | SIGNATURE        | LUNCH |     | DEP | SIGNATURE        | REMARKS         |
|-----------|-----|------------------|-------|-----|-----|------------------|-----------------|
|           |     |                  | OUT   | IN  |     |                  |                 |
| E. GIRARD | 11  | <i>E. Girard</i> | 1     | 2:5 |     | <i>E. Girard</i> | with to Lab A/C |
|           |     |                  |       |     |     |                  |                 |
|           |     |                  |       |     |     |                  |                 |
|           |     |                  |       |     |     |                  |                 |
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|           |     |                  |       |     |     |                  |                 |

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

Certification of Accuracy  
Supervisor *Paul Atkins*

*AB*

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY THURSDAY  
DATE 1-18-01

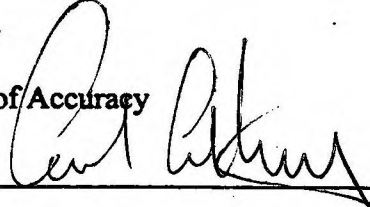
SECTION ALCP  
DIST.# 5000

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

ENFORCEMENT  
REGULAR TIME SHEET  
9:00AM TO 5:00PM

| NAME      | ARR | SIGNATURE                                                                            | LUNCH |    | DEP | SIGNATURE | REMARKS                                                                                                             |
|-----------|-----|--------------------------------------------------------------------------------------|-------|----|-----|-----------|---------------------------------------------------------------------------------------------------------------------|
|           |     |                                                                                      | OUT   | IN |     |           |                                                                                                                     |
| E. GIRARD |     |  |       |    |     |           | <u>A/L</u><br><u>Leave</u><br> |
|           |     |                                                                                      |       |    |     |           |                                                                                                                     |
|           |     |                                                                                      |       |    |     |           |                                                                                                                     |
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|           |     |                                                                                      |       |    |     |           |                                                                                                                     |

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

Certification of Accuracy  
Supervisor 



DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday Wednesday SECTION ALCP  
DATE 1/17/2001 DIST.# 5000

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

ENFORCEMENT  
REGULAR TIME SHEET  
9:00AM TO 5:00PM

| NAME      | ARR | SIGNATURE | LUNCH |    | DEP | SIGNATURE | REMARKS        |
|-----------|-----|-----------|-------|----|-----|-----------|----------------|
|           |     |           | OUT   | IN |     |           |                |
| E. GIRARD |     |           |       |    |     |           | <u>See</u> A/C |
|           |     |           |       |    |     |           |                |
|           |     |           |       |    |     |           |                |
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|           |     |           |       |    |     |           |                |

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

Certification of Accuracy  
Supervisor [Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tues.

SECTION ALCP

DATE 1-16-01

DIST.# 5000

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

ENFORCEMENT  
REGULAR TIME SHEET  
9:00AM TO 5:00PM

| NAME      | ARR | SIGNATURE        | LUNCH            |                 | DEP             | SIGNATURE        | REMARKS             |
|-----------|-----|------------------|------------------|-----------------|-----------------|------------------|---------------------|
|           |     |                  | OUT              | IN              |                 |                  |                     |
| E. GIRARD | 9   | <i>E. Girard</i> | 12 <sup>30</sup> | 1 <sup>30</sup> | 1 <sup>30</sup> | <i>E. Girard</i> | 4 1/2 hrs. A/L      |
|           |     |                  |                  |                 |                 |                  | <i>Ⓢ</i>            |
|           |     |                  |                  |                 |                 |                  | <i>NO such</i>      |
|           |     |                  |                  |                 |                 |                  | <i>thing As</i>     |
|           |     |                  |                  |                 |                 |                  | <i>4 1/2 hr</i>     |
|           |     |                  |                  |                 |                 |                  | <i>added very</i>   |
|           |     |                  |                  |                 |                 |                  | <i>&amp; leave</i>  |
|           |     |                  |                  |                 |                 |                  | <i>cannot be</i>    |
|           |     |                  |                  |                 |                 |                  | <i>taken hourly</i> |
|           |     |                  |                  |                 |                 |                  | <i>4 1/2 = (5)</i>  |
|           |     |                  |                  |                 |                 |                  | <i>T.J.</i>         |
|           |     |                  |                  |                 |                 |                  |                     |
|           |     |                  |                  |                 |                 |                  |                     |
|           |     |                  |                  |                 |                 |                  |                     |
|           |     |                  |                  |                 |                 |                  |                     |

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

Certification of Accuracy  
Supervisor *Carl Albano*

*AD*