

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENFORCEMENT COMPLIANCE
TRAINING & CERTIFICATION UNIT

DAY FRIDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE May 4, 2001

DIST. # 5000

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

REGULAR & 4-1 TIME SHEET

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
FULL TIME			out	in			
8:00-4:00							
CASTER, PATRICIA	7:55	P. Caster	12-1	1:40		P. Caster	
8:30-4:30							
MEJIA, HADEE							ALL
9:00-5:00							
BRUTON, RHONDA							called New York
TYRA, SANDERS	9:00	T. Sanders	2:00	3:00	4:30	T. Sanders	New 1/2 hr Ch
WYATT, LISETTE	9:00	L. Wyatt	1:00	2:00	5:00	L. Wyatt	
4 - 1							
GARRISON, HEDY	8-	H. Garrison	1	2	6	Hedy Garrison for H. GARRISON	
8:00-6:00							

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

CERTIFICATION OF ACCURACY


Supervisor: _____



DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENFORCEMENT COMPLIANCE
TRAINING & CERTIFICATION UNIT

DAY THURSDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE May 3, 2001

DIST. # 5000

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

REGULAR & 4-1 TIME SHEET

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
FULL TIME			out	in			
8:00-4:00							
CASTER, PATRICIA	8:00	P. Caster	12	1	4:00	P. Caster	
8:30-4:30							
MEJIA, HADEE							A/L
9:00-5:00							pro
BRUTON, RHONDA							called in sick
TYRA, SANDERS	9:00	T. Sanders	2:00	3:00	5:00	T. Sanders	
WYATT, LISETTE	9:05	L. Wyatt	1:00	2:00	5:00	L. Wyatt	
4 - 1							
GARRISON, HEDY	8-	H. Garrison	1	2	6-	H. Garrison	Safety Health
8:00-6:00							

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

CERTIFICATION OF ACCURACY


Supervisor: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENFORCEMENT COMPLIANCE
TRAINING & CERTIFICATION UNIT

DAY WEDNESDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE May 2, 2001

DIST. # 5000

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

REGULAR & 4-1 TIME SHEET

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
FULL TIME			out	in			
8:00-4:00							
CASTER, PATRICIA	8:00	P. Caster	12-1	7:30	P. Caster		Dep 35 hrs of
8:30-4:30							
MEJIA, HADEE							A/L
9:00-5:00							
BRUTON, RHONDA							called in had to pick up her mother after surgery
TYRA, SANDERS	9:15	T. Sanders	1	2:5	T. Sanders		21400 of B. TRAIN
WYATT, LISETTE	9:00	L. Wyatt	1:30	2:30	L. Wyatt		DEAD END
4 - 1							
GARRISON, HEDY	8-	H. Garrison	1	2:5	H. Garrison		
8:00-5:00							

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

CERTIFICATION OF ACCURACY

Supervisor: [Signature]

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENFORCEMENT COMPLIANCE
TRAINING & CERTIFICATION UNIT

DAY TUESDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE May 1, 2001

DIST. # 5000

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

REGULAR & 4-1 TIME SHEET

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
FULL TIME			out	in			
8:00-4:00							
CASTER, PATRICIA	8:00	P. Caster	12-1	4:00		P. Caster	
8:30-4:30							
MEJIA, HADEE							A/L
9:00-5:00							
BRUTON, RHONDA							See root canal,
TYRA, SANDERS	9:00	T. Sanders	1-2	5:00		T. Sanders	
WYATT, LISETTE							CT
4 - 1							
GARRISON, HEDY							QWL
8:00-6:00							

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

CERTIFICATION OF ACCURACY

Supervisor: [Signature]

B

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENFORCEMENT COMPLIANCE
TRAINING & CERTIFICATION UNIT

DAY MONDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE April 30, 2001

DIST. # 5000

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

REGULAR & 4-1 TIME SHEET

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
FULL TIME			out	in			
8:00-4:00							
CASTER, PATRICIA							<i>See</i>
8:30-4:30							
MEJIA, HADEE							<i>See A/L</i>
9:00-5:00							
BRUTON, RHONDA							<i>See Appointment</i>
TYRA, SANDERS	<i>9:00</i>	<i>T. Sanders</i>	<i>1:00</i>	<i>2:30</i>	<i>5:00</i>	<i>T. Sanders</i>	
WYATT, LISETTE	<i>9:05</i>	<i>L Wyatt</i>	<i>1:30</i>	<i>2:30</i>	<i>5:00</i>	<i>L Wyatt</i>	
4 - 1							
GARRISON, HEDY							
8:00- :00							DAY OFF

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

CERTIFICATION OF ACCURACY

[Signature]
Supervisor: _____

TS