

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

DAY FRIDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE March 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	800	P. Caster	11:45	1:40		P. Caster	
8:30-4:30							
MEJIA, HADEE	8:30	Hmejia	1	2	2:30	Hmejia	2hrs C.T.
9:00-5:00							new
BRUTON, RHONDA	940	R. Bruton	1	2	5	R. Bruton	
TYRA, SANDERS							Long Sick
WYATT, LISETTE	905	R. Wyatt	12:30	1:30	5:02	R. Wyatt	LAB
4 - 1							
GARRISON, HEDY	8-	H. Garrison	1	2	6	H. Garrison	
8:00-6:00							

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

CERTIFICATION OF ACCURACY

Supervisor: [Signature]

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

DAY THURSDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE March 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	800	P. Caster	12	1	400	P. Caster	
8:30-4:30							
MEJIA, HADEE	8:30	H. Mejia	1	2	4:30	H. Mejia	
9:00-5:00							
BRUTON, RHONDA	12	R. Bruton			5	R. Bruton	
TYRA, SANDERS							Jerry Sub
WYATT, LISETTE	900	L. Wyatt	1:30	2:30	500	L. Wyatt	EPA Exam
4 - 1							
GARRISON, HEDY							Safety & Health
8:00-6:00							

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

CERTIFICATION OF ACCURACY

Supervisor: [Signature]

[Signature]

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

DAY WEDNESDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Feb 28, 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	1:30		Patricia Caster	3 1/2 hrs of work
8:30-4:30							
MEJIA, HADEE	8:30	Hmejia	1-2	7:00		Hmejia	2 1/2 hrs of work
9:00-5:00							
BRUTON, RHONDA	30 12	D. White for R. Bruton			8	D. White for R. Bruton	
TYRA, SANDERS							Long Day
WYATT, LISETTE	9:00	R Wyatt	12:30	1:30	5:00	R Wyatt	Audit
4 - 1							
GARRISON, HEDY	8-1	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]

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

DAY TUESDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Feb 27, 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>Called in tele. Sec</i>
8:30-4:30							
MEJIA, HADEE	8:30	<i>Hmeica</i>	1-2	4:30		<i>Hmeica</i>	
9:00-5:00							
BRUTON, RHONDA							<i>Called in tele. Sec</i>
TYRA, SANDERS	9:20	<i>T. Sanders</i>	1:30	2:30	5:20	<i>T. Sanders</i>	<i>this worked</i>
WYATT, LISETTE	8:50	<i>L. Wyatt</i>	1:30	2:30	5:00	<i>L. Wyatt</i>	<i>ECB</i>
4 - 1							
GARRISON, HEDY	8-	<i>H. Garrison</i>	1	2	6 ³⁰	<i>H. Garrison</i>	<i>No O.T.</i>
8:00-6:00							

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 MONDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Feb 26, 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	8:30	<i>Hmejia</i>	1-2	4:30		<i>Hmejia</i>	
9:00-5:00							
BRUTON, RHONDA							<i>Called in sick</i>
TYRA, SANDERS							<i>AK.</i>
WYATT, LISETTE	9:00	<i>L Wyatt</i>	1:30	2:30	5:00	<i>L Wyatt</i>	
4 - 1							
GARRISON, HEDY							<i>off</i>
8:00- :00							

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

CERTIFICATION OF ACCURACY

[Signature]
Supervisor: _____

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