

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

DAY FRIDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Jan. 5, 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							SC [unclear]
CASTER, PATRICIA							SC [unclear]
8:30-4:30							
MEJIA, HADEE	8:30	Hmejia	1-	2-	4:30	Hmejia	
9:00-5:00							
BRUTON, RHONDA							Called in sick [unclear]
TYRA, SANDERS	8:40	T. Sanders	1-	2:30	5:00	T. Sanders	
WYATT, LISETTE	8:55	R. Wyatt	10 ⁰⁰	1 ⁰⁰	5 ⁰⁰	R. Wyatt	CAB/Field
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]

[Signature]

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

DAY THURSDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Jan. 4, 2001

DIST. # 5000

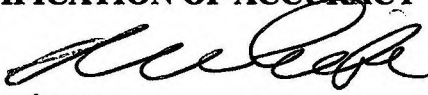
The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

REGULAR & 4-1 TIME SHEET

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
FULL TIME			out	in			
8:00-4:00							
CASTER, PATRICIA							5:00 New
8:30-4:30							
MEJIA, HADEE	8:30	Hmeja	1-2	4:30		Hmeja	
9:00-5:00							
BRUTON, RHONDA							called in Rd New
TYRA, SANDERS	8:50	T. Sanders	1-2	5:00		T. Sanders	
WYATT, LISETTE	9:00	L Wyatt	12:30	1:30	5:00	L Wyatt	
4 - 1							
GARRISON, HEDY							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 Jan 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							<i>Patricia Caster</i> 3 1/2 SL
8:30-4:30							
MEJIA, HADEE	8:30	<i>Hmeja</i>	1-	2-7:00		<i>Hmeja</i>	2 1/2 hrs O.T.
9:00-5:00							<i>per</i>
BRUTON, RHONDA	9:30	<i>R. Bruton</i>			12:30	<i>R. Bruton</i>	4 SL
TYRA, SANDERS	9:00	<i>T. Sanders</i>	1	2-7:00		<i>T. Sanders</i>	2 1/2 hrs CT <i>per</i>
WYATT, LISETTE	9:15	<i>L. Wyatt</i>	1:00	2:00	2:50	<i>L. Wyatt</i>	
4 - 1							
GARRISON, HEDY							Annual Leave
8:00-5:00							

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

CERTIFICATION OF ACCURACY

Supervisor: *[Signature]*

[Handwritten mark]

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

DAY TUESDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Jan. 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						comp time	comp time
8:30-4:30							
MEJIA, HADEE	8:30	Hmeja	1-2	4:30		Hmeja	
9:00-5:00							
BRUTON, RHONDA							called in Sick
TYRA, SANDERS	9:00	T. Sanders	1-2	5:00		T. Sanders	
WYATT, LISETTE							CT New
4 - 1							
GARRISON, HEDY							Q.W.L. C.A.T.
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

DATE: Jan 1, 2001

Holiday

SECTION: ASBESTOS & LEAD PROGRAM

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 TIME SHEET

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
<u>FULL TIME</u>			<u>OUT</u>	<u>IN</u>			
8:00-4:00		<i>New</i>					
CASTER, PATRICIA						<i>En's</i>	
8:30-4:30							
MEJIA, HADEE							
9:00-5:00							
BRUTON, RHONDA							
SANDERS, TYRA							
WYATT, LISETTE							

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

CERTIFICATION OF ACCURACY

Supervisor: *[Signature]*

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