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

DAY FRIDAY SECTION: ASBESTOS & LEAD PROGRAM

DATE Feb 23, 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 out	LUNCH in	DEP	SIGNATURE	REMARKS
FULL TIME							
8:00-4:00							Dcw
CASTER, PATRICIA	—	—				—	A/L
8:30-4:30							
MEJIA, HADEE	8:30	Hmejia	1-	2-	4:30	Hmejia	
9:00-5:00							
BRUTON, RHONDA	12	R. Bruton	—		5	R. Bruton	
TYRA, SANDERS	10:00	T. Sanders	NO Lunch		3:00	T. Sanders	Dcw Thus CL
WYATT, LISETTE	—					—	Dcw
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: _____

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

DAY THURSDAY SECTION: ASBESTOS & LEAD PROGRAM

DATE Feb 22 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 out	LUNCH in	DEP	SIGNATURE	REMARKS
FULL TIME							
8:00-4:00							
CASTER, PATRICIA							A/L
8:30-4:30							
MEJIA, HADEE	8:30	Hmejia	1	2	4:30	Hmejia	
9:00-5:00							
~~BRUTON~~, RHONDA	10	R Bruton	2	3	5	R Bruton	
TYRA, SANDERS	9:00	T. Sanders	1	2	5:00	T. Sanders	
WYATT, LISETTE							CT
4 - 1							
GARRISON, HEDY	7:30	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: _____

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

DAY WEDNESDAY SECTION: ASBESTOS & LEAD PROGRAM

DATE Feb 21, 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 out	LUNCH in	DEP	SIGNATURE	REMARKS
FULL TIME							
8:00-4:00							
CASTER, PATRICIA							Comp Time
8:30-4:30							
MEJIA, HADEE	8:30	Hmejia	1-	2-	7:00	Hmejia	2½ hrs O.T.
9:00-5:00							Dw
BRUTON, RHONDA	10	R Bruton	12	1	5	R Bruton	
TYRA, SANDERS	8:55	T. Sanders	1-	2-	5:00	T Sanders	
WYATT, LISETTE							CT
4 - 1							
GARRISON, HEDY	7:40	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: _____

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

DAY TUESDAY SECTION: ASBESTOS & LEAD PROGRAM

DATE Feb 20, 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 out	LUNCH in	DEP	SIGNATURE	REMARKS
FULL TIME							
8:00-4:00							
CASTER, PATRICIA							Comp Time 8h
8:30-4:30							
MEJIA, HADEE	8:30	Hmejia	1	2	4:30	Hmejia	
9:00-5:00							
BRUTON, RHONDA							Sonos Sick Pay
TYRA, SANDERS	8:55	T. Sanders	1	2	5:00	T. Sanders	
WYATT, LISETTE							C+
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

Holiday

DAY MONDAY SECTION: ASBESTOS & LEAD PROGRAM

DATE Feb 19, 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 out	LUNCH in	DEP	SIGNATURE	REMARKS
FULL TIME							
8:00-4:00							
CASTER, PATRICIA							
8:30-4:30							
MEJIA, HADEE							
9:00-5:00							
BRUTON, RHONDA							
TYRA, SANDERS							
WYATT, LISETTE							
4 - 1							
GARRISON, HEDY							
8:00- :00		*DAY OFF*					

Washington's Birthday Observed

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

CERTIFICATION OF ACCURACY

Supervisor: _____

BY