

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

DAY FRIDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Feb 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	7:55	P. Caster	12	1-400		P. Caster	
8:30-4:30							
MEJIA, HADEE	8:30	Hmeja	1	2-3:30		Hmeja	1 hr C.T.
9:00-5:00							new
BRUTON, RHONDA	10:15	R Bruton	1	2 5		R. Bruton	5:45
TYRA, SANDERS	8:50	T. Sanders	1:45	2:45	5:00	T. Sanders	
WYATT, LISETTE	8:55	L Wyatt	12:00	1:00	5:00	L Wyatt	ED/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]

[Signature]

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

DAY THURSDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE FEB 1, 2001

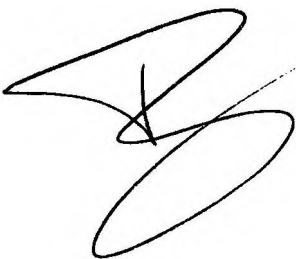
DIST. # 5000

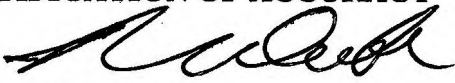
The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

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	8:30	Hmejia	1-2	4:30		Hmejia	
9:00-5:00							
BRUTON, RHONDA	11:15	R. Bruton	2	3	5	R. Bruton	well been late 4 3/4 hrs
TYRA, SANDERS	8:45	T. Sanders	1	2	5:00	T. Sanders	
WYATT, LISETTE	9:00	L. Wyatt	1:30	2:30	5:00	L. Wyatt	ER
4 - 1							
GARRISON, HEDY	7:35	H. Garrison	1	2	4	H. Garrison	2 hrs SL
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 31, 2001

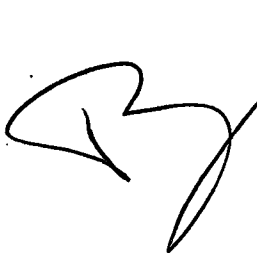
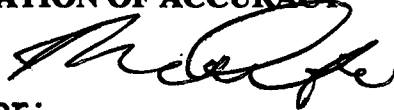
DIST. # 5000

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							<i>new</i>
CASTER, PATRICIA	8:00	P. Caster	1		1:00	P. Caster	2 hrs C+
8:30-4:30							
MEJIA, HADEE	8:30	H. Mejia	1-2		7:00	H. Mejia	2 1/2 hrs O.T.
9:00-5:00							<i>new</i>
BRUTON, RHONDA	9:30	R. Bruton	2	3	7:30	R. Bruton	<i>new</i> The 2004
TYRA, SANDERS	8:55	T. Sanders	1	2	5:00	T. Sanders	
WYATT, LISETTE	9:05	R. Wyatt	1 ³⁰	2 ³⁰	4:00	R. Wyatt	1 hr ER
							<i>new</i>
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: 

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

DAY TUESDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Jan. 30, 2001

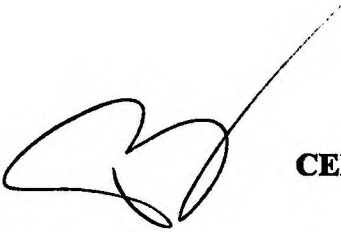
DIST. # 5000

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	7:45	P. Caster	12-1	1:40	P. Caster		
8:30-4:30							
MEJIA, HADEE	8:30	Hmeja	1-2	2:40	Hmeja		
9:00-5:00							
BRUTON, RHONDA	9:20	R. Bruton	12-1	1:5	R. Bruton		
TYRA, SANDERS	9:00	T. Sanders	1-2	5:00	T. Sanders		
WYATT, LISETTE	9:00	L. Wyatt	2	2pm	L. Wyatt		ECB/EP 2hCI
4 - 1							
GARRISON, HEDY							Dis. appt.
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 MONDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Mon 29, 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	<i>deej</i>						
CASTER, PATRICIA	800 <i>deej</i>	<i>P. Caster</i>	<i>121</i>		400	<i>P. Caster</i>	<i>7 hrs worked.</i>
8:30-4:30							
MEJIA, HADEE							<i>St. Den</i>
9:00-5:00							
BRUTON, RHONDA							<i>called in sick Den</i>
TYRA, SANDERS							<i>R Den</i>
WYATT, LISETTE	920	<i>L Wyatt</i>	<i>130</i>	<i>230</i>	<i>500</i>	<i>L Wyatt</i>	<i>rain delay ER</i>
4 - 1							
GARRISON, HEDY							
8:00- :00	DAY OFF						

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

CERTIFICATION OF ACCURACY

Supervisor: *[Signature]*

[Signature]