

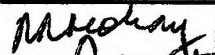
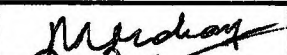
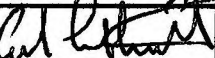
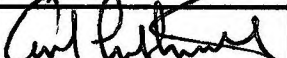
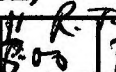
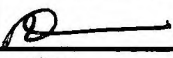
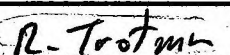
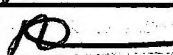
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday
DATE 01-26-01

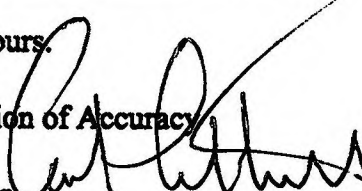
SECTION ALCP
DIST.# 5000

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

ENFORCEMENT
ALTERNATE WORK SCHEDULE
4 TO 1 OPTION

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
			OUT	IN			
8:00AM - 6:00PM (MON, TUES, WED)			8:00AM - 5:00PM (THUR)			FRIDAY OFF	
S. NEBEDUM							
A. PLUMPTRE							
8:00AM-5:00PM (MON)			8:00AM-6:00PM (TUE, THU,FRI)			WEDNESDAY OFF	
R.RAMMOHAN	8 ^{am}		1	2	6		
C. LUTCHMEDIAL	8		1	2	6		
8:00AM-5:00PM (TUE)			8:00AM-6:00PM (WED, THU, FRI)			MONDAY OFF	
R. TROTMAN					6-00		2HRS Leave
	11-30		2	230	6-00		3 1/2 HR L per Supervisor
8:00AM-6:00PM (TUE, WED, THU)			8:00AM-5:00PM (FRI)			MONDAY OFF	
R. OKELLO	8 ²		1	2	5 ⁰⁰		FIELD

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

Certification of Accuracy
Supervisor 



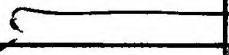
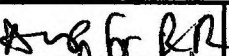
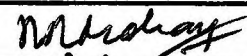
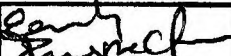
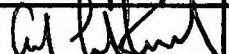
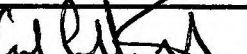
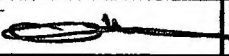
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday
DATE 01-25-01

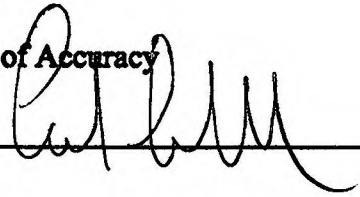
SECTION ALCP
DIST.# 5000

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

ENFORCEMENT
ALTERNATE WORK SCHEDULE
4 TO 1 OPTION

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
			OUT	IN			
8:00AM - 6:00PM (MON, TUES, WED)			8:00AM - 5:00PM (THUR)			FRIDAY OFF	
S. NEBEDUM							AL
A. PLUMPTRE	7:55		12	5			
8:00AM-5:00PM (MON)			8:00AM-6:00PM (TUE, THU, FRI)			WEDNESDAY OFF	
R. RAMMOHAN	8 ³⁰		1	2	6		
C. LUTCHMEDIAL	8		1	2	6		
8:00AM-5:00PM (TUE)			8:00AM-6:00PM (WED, THU, FRI)			MONDAY OFF	
R. TROTMAN							will be in late
8:00AM-6:00PM (TUE, WED, THU)			8:00AM-5:00PM (FRI)			MONDAY OFF	
R. OKELLO			1	2	6 ³⁰		

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

Certification of Accuracy
Supervisor 



DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday
DATE 01-24-01

SECTION ALCP
DIST.# 5000

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

ENFORCEMENT
ALTERNATE WORK SCHEDULE
4 TO 1 OPTION

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
			OUT	IN			
8:00AM - 6:00PM (MON, TUES, WED)			8:00AM - 5:00PM (THUR)		FRIDAY OFF		
S. NEBEDUM							lead
A. PLUMPTRE	740	<u>Ar</u>	1	2	6	<u>Ar</u>	
8:00AM-5:00PM (MON)			8:00AM-6:00PM (TUE, THU,FRI)		WEDNESDAY OFF		
R.RAMMOHAN							off
C. LUTCHMEDIAL							off
8:00AM-5:00PM (TUE)			8:00AM-6:00PM (WED, THU, FRI)		MONDAY OFF		
R. TROTMAN	840	<u>Ar</u>					Early Inspection
8:00AM-6:00PM (TUE, WED, THU)			8:00AM-5:00PM (FRI)		MONDAY OFF		
R. OKELLO	840	<u>Ar</u>	1	2	6	<u>Ar</u>	Early Inspection

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

Certification of Accuracy
Supervisor *Ar*

B

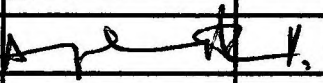
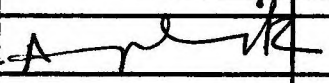
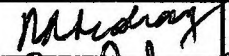
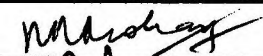
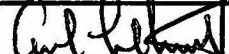
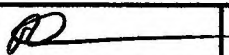
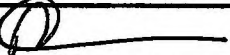
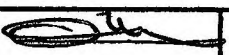
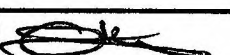
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday
DATE 01-23-01

SECTION ALCP
DIST.# 5000

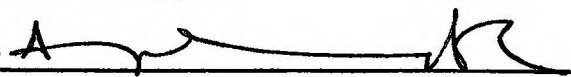
The undersigned certify that they were present and engaged in the business of the office during the hours place opposite their respective name.

ENFORCEMENT
ALTERNATE WORK SCHEDULE
4 TO 1 OPTION

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
			OUT	IN			
8:00AM - 6:00PM (MON, TUES, WED)			8:00AM - 5:00PM (THUR)			FRIDAY OFF	
S. NEBEDUM							
A. PLUMPTRE	740		1	2	600		
8:00AM-5:00PM (MON)			8:00AM-6:00PM (TUE, THU,FRI)			WEDNESDAY OFF	
R.RAMMOHAN	8am		1	2	6		
C. LUTCHMEDIAL	8am		1	2	6		
8:00AM-5:00PM (TUE)			8:00AM-6:00PM (WED, THU, FRI)			MONDAY OFF	
R. TROTMAN	8:30		1	2	5:00		1/2 hr leave
8:00AM-6:00PM (TUE, WED, THU)			8:00AM-5:00PM (FRI)			MONDAY OFF	
R. OKELLO	800		1	2	600		

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

Certification of Accuracy

Supervisor 



DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday
DATE 01-22-01

SECTION ALCP
DIST.# 5000

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

ENFORCEMENT
ALTERNATE WORK SCHEDULE
4 TO 1 OPTION

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
			OUT	IN			
8:00AM - 6:00PM (MON, TUES, WED)			8:00AM - 5:00PM (THUR)			FRIDAY OFF	
S. NEBEDUM							
A. PLUMPTRE	8 ⁰⁰	<i>[Signature]</i>	1 ⁰⁰	2 ⁰⁰	6 ⁰⁰	<i>[Signature]</i>	
8:00AM-5:00PM (MON)			8:00AM-6:00PM (TUE, THU, FRI)			WEDNESDAY OFF	
R. RAMMOHAN	8 ⁰⁰	<i>[Signature]</i>	12 ³⁰	1 ³⁰	5 ⁰⁰	<i>[Signature]</i>	
C. LUTCHMEDIAL	8 ⁰⁰	<i>[Signature]</i>	1 ⁰⁰	2 ⁰⁰	5 ⁰⁰	<i>[Signature]</i>	
8:00AM-5:00PM (TUE)			8:00AM-6:00PM (WED, THU, FRI)			MONDAY OFF	
R. TROTMAN							<i>[Signature]</i>
8:00AM-6:00PM (TUE, WED, THU)			8:00AM-5:00PM (FRI)			MONDAY OFF	
R. OKELLO							<i>[Signature]</i>

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

Certification of Accuracy
Supervisor *[Signature]*

[Signature]