

COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY FRIDAY

SECTION ALCP

DATE 1-5-01

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	<i>[Signature]</i>	1	2	2 ^{PM}	<i>[Signature]</i>	4 Hrs C.T.
C. LUTCHMEDIAL	8 ⁰⁰	<i>[Signature]</i>	1	2	6 ^{PM}	<i>[Signature]</i>	
8:00AM-5:00PM (TUE)			8:00AM-6:00PM (WED, THU, FRI)			MONDAY OFF	
R. TROTMAN	8⁴⁵	<i>[Signature]</i>	2	3	6⁰⁰	<i>[Signature]</i>	1 hr AL
8:00AM-6:00PM (TUE, WED, THU)			8:00AM-5:00PM (FRI)			MONDAY OFF	
R. OKELLO	8 ⁰⁰	<i>[Signature]</i>	1	2	5 ⁰⁰	<i>[Signature]</i>	

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

Whole week Missing

Certification of Accuracy
Supervisor *[Signature]*

[Signature]