

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE & HAZARDOUS MATERIALS
TRAINING / CERTIFICATION & LEAD UNIT

DATE: WEEK ENDING: 12th
MONTH/YEAR: OCT / 2004

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.

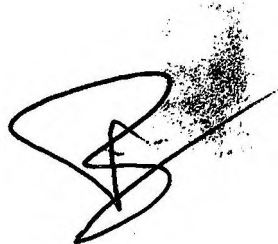
TCU PART-TIMER

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
	8:30 AM		OUT	in	4:30 PM		
MELENDRES, LEONOR							
MONDAY ^{Tue}	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
TUESDAY ^{wed}	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
WEDNESDAY ^{Thurs}	8:30	Leonor Melendres	12 ³⁰		12 ³⁰	Leonor Melendres	31435 C 7 HRS TO BE PAID BEN
THURSDAY ^{Fri}	8:30	Leonor Melendres	/	/	12:30	Leonor Melendres	4 Hrs
FRIDAY							

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

CERTIFICATION OF ACCURACY


Supervisor: _____



DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

WEEK OF October 8 - October 12, 2001

SECTION ASBESTOS AND LEAD CONTROL 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.

NAME		SIGNATURE	LUNCH	DEP.	SIGNATURE	REMARKS
FULL TIME	ARR.		OUT	IN		
MONDAY						
ROSALBA GILIBERTI		Holiday				
TUESDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	1:10	2:00	5:00	R. Gilberti 7/hrs
WEDNESDAY						
ROSALBA GILIBERTI	9:15	R. Gilberti	//	//	1:15	R. Gilberti 4/hrs
THURSDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	12:00	1:00	5:00	R. Gilberti 7/hrs
FRIDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	12:00	1:00	5:00	R. Gilberti 7/hrs

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

October 8 -
WKENDING October 12, 2001 UNIT: ASBESTOS

DIST#: 5000 TITLE: ENGR. WORK STUDY

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

NAME	ARR	SIGNATURE	LUNCH OUT IN	DEP	SIGNATURE	REMARKS
MONDAY / /						
BEDIA, SARAY		Holiday				
TUESDAY / /						
BEDIA, SARAY	9 ⁰⁰	B. [Signature]	12 ²⁵ 12 ⁵	5 ⁰⁰	B. [Signature]	7
WEDNESDAY / /						
BEDIA, SARAY		[Signature]				
THURSDAY / 14/16/01						
BEDIA, SARAY	9 ⁵⁰	B. [Signature]	12 ⁵⁰ 1 ⁰⁰	5 ⁰⁰	B. [Signature]	6
FRIDAY / 15/16/01						
BEDIA, SARAY	9 ¹⁵	B. [Signature]	12 ³⁰ 1 ³⁰	5 ⁰⁰	B. [Signature]	6:45

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

Certification of Accuracy

[Signature]
Supervisor's Signature

[Signature]