

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

DATE: ~~6~~ WEEK ENDING: 28TH
MONTH/YEAR: SEPT/2001

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	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
TUESDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
WEDNESDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
THURSDAY	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: _____

T.J.

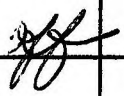
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

WEEK OF September 24 September 28, 2001

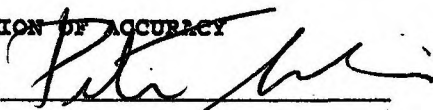
SECTION ASBESTOS AND LEAD CONTROL PROGRAM

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	9:00	R. Giliberti	12:00	1:00	5:00	R. Giliberti 7 1/2 hrs
TUESDAY						
ROSALBA GILIBERTI	9:15	R. Giliberti	//	//	1:15	R. Giliberti 4 1/2 hrs
WEDNESDAY						
ROSALBA GILIBERTI						
THURSDAY						
ROSALBA GILIBERTI	9:00	R. Giliberti	12:00	1:00	5:15	R. Giliberti 7 1/4 hrs
FRIDAY						
ROSALBA GILIBERTI	9:30	R. Giliberti	12:30	1:00	5:00	R. Giliberti 7 1/2 hrs

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

CERTIFICATION OF ACCURACY
Supervisor 



**DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE**

WKENDING September 24 - September 28, 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	9 ⁰⁰	<i>B. Lf</i>	12 ¹⁰ 1 ¹⁰	5 ⁰⁰	<i>B. Lf</i>	
TUESDAY / /						
BEDIA, SARAY						
WEDNESDAY / /						
BEDIA, SARAY						
THURSDAY / /						
BEDIA, SARAY	8 ⁵⁵	<i>B. Lf</i>	12 ⁰⁵ 1 ⁰⁵	5 ⁰⁰	<i>B. Lf</i>	
FRIDAY / /						
BEDIA, SARAY	9 ³⁵	<i>B. Lf</i>	12 ³⁰ 1 ⁰⁰	5 ⁰⁰	<i>B. Lf</i>	

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

Certification of Accuracy

Peter [Signature]
Supervisor's Signature

AS