

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

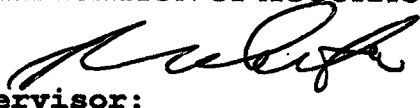
DATE: WEEK ENDING: Sept 21st, 2001 SECTION: ASBESTOS & LEAD PROGRAM
MONTH/YEAR: Sept 21st, 2001 DIST. # 5000

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

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							4 HRS
FRIDAY							25 HRS

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 September 17-September 21, 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	9:05	R. G. Gilberti	12:05	1:00	5:00	R. G. Gilberti	7 1/2 hrs
TUESDAY							
ROSALBA GILIBERTI	9:05	R. G. Gilberti	//	//	1:05	R. G. Gilberti	4 hrs
WEDNESDAY							
ROSALBA GILIBERTI	off						
THURSDAY							
ROSALBA GILIBERTI	9:30	R. G. Gilberti	12:30	1:00	5:00	R. G. Gilberti	7 1/2 hrs
FRIDAY							
ROSALBA GILIBERTI	9:05	R. G. Gilberti	12:05	1:00	5:00	R. G. Gilberti	7 hrs

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

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

September 17 -
WKENDING September 21, 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						
TUESDAY / /						
BEDIA, SARAY	9 ⁰⁰	B. [Signature]	12 ²⁰ 1 ²⁰	5 ⁰⁰	B. [Signature]	
WEDNESDAY / /						
BEDIA, SARAY						
THURSDAY / /						
BEDIA, SARAY	9 ⁴⁰	B. [Signature]	12 ⁵⁰ 1 ¹⁰	5 ⁰⁰	B. [Signature]	
FRIDAY / /						
BEDIA, SARAY	9 ¹⁰	B. [Signature]	12 ⁰⁰ 1 ⁰⁰	5 ³⁰	B. [Signature]	

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

Certification of Accuracy

Supervisor's Signature