

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

DATE: WEEK ENDING: 11TH
MONTH/YEAR: MAY/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							
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	1:00	2:00	4:30	Leonor Melendres	7 Hrs
FRIDAY	8:30	Leonor Melendres			12:30	Leonor Melendres	4 Hrs

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

CERTIFICATION OF ACCURACY

Supervisor: [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

WEEK OF May 7 - May 11, 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. Giliberti	11	11	1:15	R. Giliberti	4 hrs 1/4
TUESDAY							
ROSALBA GILIBERTI	9:05	R. Giliberti	1:05	2:00	5:00	R. Giliberti	7 hrs.
WEDNESDAY							
ROSALBA GILIBERTI	off						
THURSDAY							
ROSALBA GILIBERTI	9:05	Rosalba Giliberti	1:00	2:00	5:00	R. Giliberti	7 hrs
FRIDAY							
ROSALBA GILIBERTI	9:05	R. Giliberti	1:05	2:00	5:00	R. Giliberti	7 hrs

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday

SECTION ASBESTOS

DATE 5/11/01

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.

**ENFORCEMENT
PART-TIME
8:00AM to 4:00PM**

[illegible]

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday SECTION ASBESTOS
DATE 5/7/01 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.

**ENFORCEMENT
PART-TIME
8:00AM to 4:00PM**

[illegible]

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday

SECTION ASBESTOS

DATE 5/9/01

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.

**ENFORCEMENT
PART-TIME
8:00AM to 4:00PM**

[illegible]

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday

SECTION ASBESTOS

DATE 5/10/01

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.

**ENFORCEMENT
PART-TIME
8:00AM to 4:00PM**

[illegible]

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

Certification of Actuary

Supervisor

on of Accuracy



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

WKENDING May 7 - May 11, 200 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 ³⁰	<i>[Signature]</i>	12 ⁰⁰ 12 ³⁰	5 ⁰⁰	<i>[Signature]</i>	
TUESDAY / /						
BEDIA, SARAY						
WEDNESDAY / /						
BEDIA, SARAY						
THURSDAY / /						
BEDIA, SARAY	9 ⁰⁰	<i>[Signature]</i>	12 ³⁰ 1 ⁰⁰	4 ³⁰	<i>[Signature]</i>	
FRIDAY / /						
BEDIA, SARAY	9 ⁰⁰	<i>[Signature]</i>	12 ⁰⁰ 12 ³⁰	4 ³⁰	<i>[Signature]</i>	

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

Certification of Accuracy

[Signature]
Supervisor's Signature

[Handwritten mark]

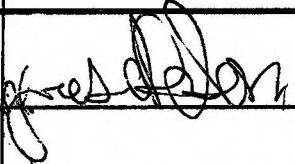
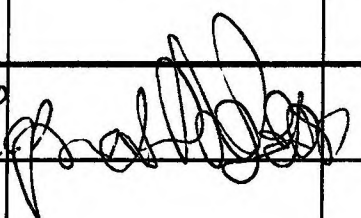
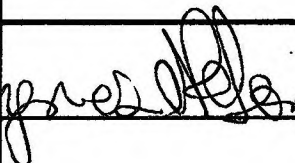
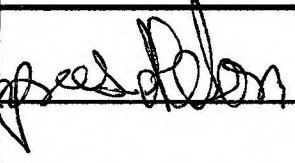
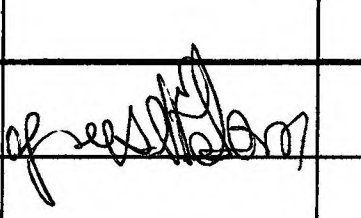
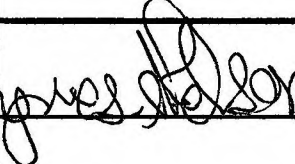
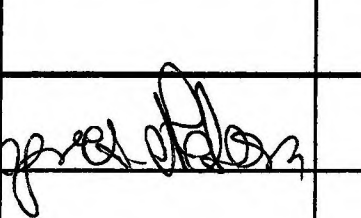
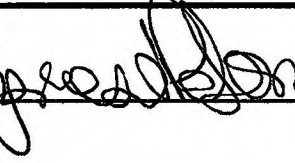
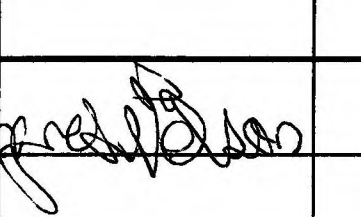
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
CO-OP PROGRAM

WEEK OF
May 7 - May 11 - 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						
YVES NELSON	8:30 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.	
TUESDAY						
YVES NELSON	8:30 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.	
WEDNESDAY						
YVES NELSON	8:30 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.	
THURSDAY						
YVES NELSON	8:00 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.	
FRIDAY						
YVES NELSON	8:30 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.	

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

CERTIFIATION OF ACCURACY

Supervisor

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