

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

DATE: WEEK ENDING: 27th
MONTH/YEAR: APRIL 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							off

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 April 23 - April 27, 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							
TUESDAY							
ROSALBA GILIBERTI							
WEDNESDAY							
ROSALBA GILIBERTI							
THURSDAY							
ROSALBA GILIBERTI							
FRIDAY							
ROSALBA GILIBERTI							

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday

SECTION ASBESTOS

DATE 04/23/07

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

2001 MAR 27 P 12: 29

DEP-ADMINISTRATIVE

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday SECTION ASBESTOS
DATE 04/27/01 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
BUREAU OF ENVIRONMENTAL COMPLIANCE**

WKENDING April 23 - April 27, 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 ⁴⁵		12 ³⁰	1 ⁰⁰	5 ³⁰		hr
TUESDAY / /							
BEDIA, SARAY	9 ⁰⁰		12 ³⁰	1 ³⁰	5 ⁰⁰		hr
WEDNESDAY / /							
BEDIA, SARAY							
THURSDAY / /							
BEDIA, SARAY							
FRIDAY / /							
BEDIA, SARAY	9 ⁰⁰		12 ⁰⁰	1 ⁰⁰	5 ⁰⁰		

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

Certification of Accuracy

Supervisor's Signature

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
CO-OP PROGRAM

WEEK OF April 23 - April 27, 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	8:45 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:45 P.M.	<i>[Signature]</i> R
TUESDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	<i>[Signature]</i>
WEDNESDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	<i>[Signature]</i>
THURSDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:30 P.M.	4:00 P.M.	<i>[Signature]</i> R
FRIDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	<i>[Signature]</i>

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

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*

[Signature]