

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

DATE: WEEK ENDING: 16TH
MONTH/YEAR: MARCH/2001

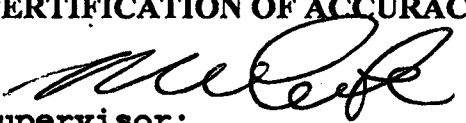
SECTION: ASBESTOS & LEAD PROGRAM
DIST. # 5000

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 March 12 - March 16, 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	//	//	1:05	R. Giliberti 4/hrs
TUESDAY						
ROSALBA GILIBERTI	9:15	R. Giliberti	1:15	2:00	5:00	R. Giliberti 7/hrs
WEDNESDAY						
ROSALBA GILIBERTI	off					
THURSDAY						
ROSALBA GILIBERTI	9:00	R. Giliberti	1:15	2:00	5:00	R. Giliberti 7/hrs
FRIDAY						
ROSALBA GILIBERTI	9:00	R. Giliberti	//	//	4:00	R. Giliberti 7/hrs

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

CERTIFICATION OF ACCURACY

Supervisor [Signature]

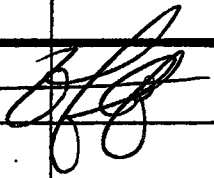
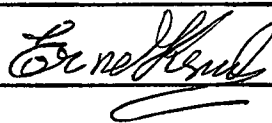
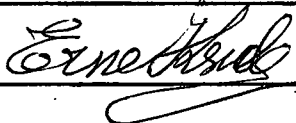
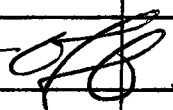
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE & HAZARDOUS MATERIALS
TRAINING / CERTIFICATION & LEAD UNIT

DATE: WEEK ENDING: 16th SECTION: ASBESTOS & LEAD PROGRAM
MONTH/YEAR: MARCH / 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-TIMERS

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
	8:30 AM		OUT	in	4:30 PM		
KSIDO, ERNEST							
MONDAY							
TUESDAY	8:00				12:00		
WEDNESDAY	8:00				12:00		
THURSDAY	8:00				11:00		
FRIDAY							

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

CERTIFICATION OF ACCURACY

Supervisor: 



DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday SECTION ASBESTOS
DATE 03-14-01 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 [Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday

SECTION ASBESTOS

DATE 03-12-01

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

on of Accuracy

4

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

WKENDING March ~~12~~¹⁷, 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	B. Lf	12 ⁰⁰ 1 ⁰⁰	5 ⁰⁰	B. Lf	7
TUESDAY / /						
BEDIA, SARAY	9 ⁰⁰	B. Lf	12 ⁰⁰ 1 ⁰⁰	5 ⁰⁰	B. Lf	7
WEDNESDAY / /						
BEDIA, SARAY						
THURSDAY / /						
BEDIA, SARAY						
FRIDAY / /						
BEDIA, SARAY						

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 March 12 - March 16, 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	8:30	<i>[Signature]</i>	12:00	1:00	4:30	7
YVES NELSON	11	11	11	11	11	
TUESDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	7
WEDNESDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	7
THURSDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	7
FRIDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	7

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

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*

[Handwritten mark]