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

DATE: WEEK ENDING: 23 FD

SECTION: ASBESTOS & LEAD PROGRAM

MONTH/YEAR: FEB/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 | | | | | | | |
| 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:** _____

# DEPARTMENT OF ENVIRONMENTAL PROTECTION
## TECHNICAL REVIEW UNIT
## PART-TIMERS

WEEK OF February 19, 2001 - Feb. 23, 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 | | Holiday | | | | | |
| | | | | | | | |
| TUESDAY | | | | | | | |
| ROSALBA GILIBERTI | 9:00 | R. Giliberti | 12:00 | 1:00 | 5:00 | R Giliberti | 7 hrs. |
| | | | | | | | |
| WEDNESDAY | | | | | | | |
| ROSALBA GILIBERTI | 9:30 | R. Giliberti | 11 | 11 | 1:30 | R Giliberti | 4 hrs |
| | | | | | | | |
| THURSDAY | | | | | | | |
| ROSALBA GILIBERTI | 9:15 | R Giliberti | 12:15 | 1:00 | 5:00 | R Giliberti | 7 hrs |
| | | | | | | | |
| FRIDAY | | | | | | | |
| ROSALBA GILIBERTI | 9:30 | R Giliberti | 12:30 | 1/2 hr. 1:00 | 5:00 | R Giliberti | 7 hrs |
| | | | | | | | |

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

CERTIFIACTION OF ACCURACY

Supervisor

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

DATE: WEEK ENDING: 23RD SECTION: ASBESTOS & LEAD PROGRAM

MONTH/YEAR: FEB/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 | Ernest Ksido | — | | 12:00 | Ernest Ksido | |
| | | | | | | | |
| WEDNESDAY | 8:00 | Ernest Ksido | — | | 12:00 | Ernest Ksido | |
| | | | | | | | |
| THURSDAY | | | | | | Sick | |
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| FRIDAY | | | | | | | |
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**Supervisor's initials required for other than Scheduled work hours.**

**CERTIFICATION OF ACCURACY**

Supervisor: _____

# DEPARTMENT OF ENVIRONMENTAL PROTECTION
## TECHNICAL REVIEW UNIT
## COLLEGE AIDE

WEEK OF February 19 - February 23, 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 | | | | | | | |
| SHARRAINE WALLACE | | Holiday | | | | | |
| TUESDAY | | | | | | | |
| SHARRAINE WALLACE | | | | | | | |
| WEDNESDAY | | | | | | | |
| SHARRAINE WALLACE | 915 | SWallace | 115 | 2 | 430 | SWallace | 6/2 pm |
| THURSDAY | | | | | | | |
| SHARRAINE WALLACE | | | | | | | |
| FRIDAY | | | | | | | |
| SHARRAINE WALLACE | 1000 | SWallace | 130 | 2 | 430 | SWallace | 6 pm |

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

CERTIFIACTION OF ACCURACY

Supervisor

The City of New York

**DEPARTMENT FOR THE AGING**

2 LAFAYETTE STREET
New York, New York 10007-1392

**CALL LETTER**

Herbert W. Stupp
Commissioner

**If you are currently working for a City agency, you MUST give your Ass't. Comm. for Administration or Personnel Director a copy of this letter prior to your interview.**

Sharraine Wallace
148-45 89th Avenue #4G
Jamaica, N.Y. 11435

DATE February 6, 2001

| POSITION | SALARY | TENURE OF EMPLOYMENT | LOCATION OF POSITION | NO. ON LIST |
|---|---|---|---|---|
| Clerical Associate III | $24,249 - $25,983* | Probable Permanent | Manhattan | 80 |

| PLEASE APPEAR FOR INTERVIEW | PLACE | TO SEE | ROOM | PHONE |
|---|---|---|---|---|
| DATE Thursday, February 22, 2001<br>TIME 9:30 am | 2 Lafayette Street, 8th Fl.<br>New York, NY 10007 | Jeanmarie Weber | 8th Fl. Conf. Rm. 8A | (212)442-1143/4 |

PLEASE BRING THE FOLLOWING DOCUMENT WITH YOU:

- ☒ SOCIAL SECURITY CARD
- ☒ NATURALIZATION PAPERS OR BIRTH CERTIFICATE
- ☐ HIGH SCHOOL DIPLOMA
- ☒ DEGREES
- ☐ MILITARY DD 214
- ☐ LICENSES
- ☒ Resume

* For those who have been working for NYC for at least one year.

NOTICE FOR AN INTERVIEW

Your name has been certified to us by the Department of Citywide Administration Services for possible appointment to the position described above. Please report for an interview promptly at the time directed and BRING THIS LETTER WITH YOU IN ADDITION TO THE DOCUMENTS REQUESTED ABOVE.

IF YOU DO NOT WISH TO BE CONSIDERED FOR THIS POSITION, please sign the declination below and return this letter to our office immediately. NO OTHER FORM OF DECLINATION can be accepted. Failure to answer within four days of the date of this letter represents a "failure to report" which is automatic cause for removal of your name from the Civil Service eligibility list from which your name has been certified in this case.

Every appointment or promotion is subject to a probationary period of one year. You may not accept appointment in this department if you have been appointed to another New York City agency from this list.

Jeanmarie Weber, EMPLOYMENT MANAGER

DECLINATION OF APPOINTMENT
(Civil Service Rule 4.8, 1-4)

A declination of appointment or a failure to respond will result in your name being withheld from like certification until a written request for restoration is made to and approved by the Department of Personnel, Certification Division, 1 Centre Street, New York, N.Y., 10007. Upon restoration, your name will be placed at the end of the list for recertification.

- ☐ I have been appointed from this list by another City agency.
- ☐ I am unable to accept employment at this time
- ☐ I do not wish to work in the borough offered _____ (Applies only to employees on promotion lists).
  NAME OF BOROUGH

| SIGNATURE | DATE |
|---|---|
| ADDRESS (FILL IN YOUR ADDRESS ONLY IF IT IS DIFFERENT FROM THE ONE APPEARING ON THIS NOTICE.) | |

# DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday SECTION ASBESTOS

DATE 02-20-01 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**

| NAME | ARR. | SIGNATURE | LUNCH | | DEP. | SIGNATURE | REMARKS |
|---|---|---|---|---|---|---|---|
| | | | OUT | IN | | | |
| EVERYDAY 8:00AM TO 4:00PM | | | | | | | |
| M. WILLIAMS | 9:15 | M. Williams | 1 | 2 | 5:05 | M. Williams | |
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Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy

Supervisor

# DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday SECTION ASBESTOS

DATE 02-21-01 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**

| NAME | ARR. | SIGNATURE | LUNCH | | DEP. | SIGNATURE | REMARKS |
|---|---|---|---|---|---|---|---|
| | | | OUT | IN | | | |
| EVERYDAY 8:00AM TO 4:00PM | | | | | | | 10 1/4 |
| M. WILLIAMS | 8:10 | M. Williams | 1 | 2 | 7 30 pm | Avg for MW | |
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Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy

Supervisor _____

# DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday SECTION ASBESTOS

DATE 02-22-01 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**

| NAME | ARR. | SIGNATURE | LUNCH | | DEP. | SIGNATURE | REMARKS |
|---|---|---|---|---|---|---|---|
| | | | OUT | IN | | | |
| EVERYDAY 8:00AM TO 4:00PM | | | | | | | |
| M. WILLIAMS | | | | | | | SL |
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Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy

Supervisor

# DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday SECTION ASBESTOS

DATE 02-23-01 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**

| NAME | ARR. | SIGNATURE | LUNCH | | DEP. | SIGNATURE | REMARKS |
|---|---|---|---|---|---|---|---|
| | | | OUT | IN | | | |
| EVERYDAY 8:00AM TO 4:00PM | | | | | | | |
| M. WILLIAMS | | | | | | | 81 |
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Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy

Supervisor

# DEPARTMENT OF ENVIRONMENTAL PROTECTION
## BUREAU OF ENVIRONMENTAL COMPLIANCE

**WKENDING** Feb 19, 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 | LUNCH IN | DEP | SIGNATURE | REMARKS |
|---|---|---|---|---|---|---|---|
| **MONDAY** / / | | | | | | | |
| BEDIA, SARAY | — | H. W day | | | | | |
| | | | | | | | |
| **TUESDAY** / / | | | | | | | |
| BEDIA, SARAY | 8^55 | B. J. | 12^00 | 1^00 | 5^00 | B. J. | |
| | | | | | | | |
| **WEDNESDAY** / / | | | | | | | |
| BEDIA, SARAY | — | | | | | | |
| | | | | | | | |
| **THURSDAY** / / | | | | | | | |
| BEDIA, SARAY | — | | | | | | |
| | | | | | | | |
| **FRIDAY** / / | | | | | | | |
| BEDIA, SARAY | — | | | | | | Sick |
| | | | | | | | |

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

**Certification of Accuracy**

**Supervisor's Signature**