

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

DATE: WEEK ENDING: 19th
MONTH/YEAR: JAN/2001

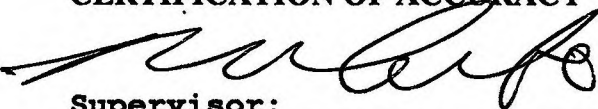
SECTION: ASBESTOS & LEAD PROGRAM
DIST. # 5000

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	/	/	12:30	Leonor Melendres	4 Hrs
FRIDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs

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

CERTIFICATION OF ACCURACY

Supervisor: _____

By 

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

WEEK OF January 15-January 19, 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	9:15	R. Gilberti	1:20	2:00	5:00	R. Gilberti 7 hrs.
WEDNESDAY						
ROSALBA GILIBERTI	9:15	R. Gilberti	//	//	1:15	R. Gilberti 4 hrs.
THURSDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	1:00	2:00	5:00	R. Gilberti 7 hrs.
FRIDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	1:00	2:00	5:00	R. Gilberti 7 hrs.

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

[Signature]

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

DATE: WEEK ENDING: 19th
MONTH/YEAR: January/2001

SECTION: ASBESTOS & LEAD PROGRAM
DIST. # 5000

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TCU PART-TIMERS

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
	8:30 AM		OUT	in	4:30 PM		
KSIDO, ERNEST							
MONDAY							106
TUESDAY	8:00	Ernest Kido			12:00	Ernest Kido	
WEDNESDAY	8:00	Ernest Kido			12:00	Ernest Kido	
THURSDAY							
FRIDAY							

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

CERTIFICATION OF ACCURACY

[Signature]
Supervisor: _____

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
COLLEGE AIDE

WEEK OF January 15 - January 19, 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	1000	SWallace	100	200 5	SWallace	6
WEDNESDAY						
SHARRAINE WALLACE	900	SWallace	1	2 5	SWallace	7
THURSDAY						
SHARRAINE WALLACE	900	SWallace	1	2 5	SWallace	7
FRIDAY						
SHARRAINE WALLACE	900	SWallace	—	2	SWallace	5

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

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*
[Signature]

