

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

DATE: WEEK ENDING: 12th SECTION: ASBESTOS & LEAD PROGRAM
MONTH/YEAR: January / 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	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							

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

CERTIFICATION OF ACCURACY

Supervisor: [Signature]

[Signature]

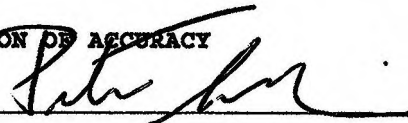
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

WEEK OF January 8 - January 12, 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	9:05	R. Giliberti	12:05	2:00	5:00	R. Giliberti 7 hrs
WEDNESDAY						
ROSALBA GILIBERTI						
THURSDAY						
ROSALBA GILIBERTI	9:15	R. Giliberti	12:15	1:00	5:00	R. Giliberti 7 hrs
FRIDAY						
ROSALBA GILIBERTI	9:15	R. Giliberti	//	//	2:15	R. Giliberti ^{ER} 5 hrs

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

CERTIFICATION OF ACCURACY
Supervisor 



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

DATE: WEEK ENDING: 12TH SECTION: ASBESTOS & LEAD PROGRAM
MONTH/YEAR: JANUARY / 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 Kido	—		12:00	Ernest Kido	
WEDNESDAY	8:00	Ernest Kido	—		12:00	Ernest Kido	
THURSDAY							seek
FRIDAY							

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 January 8 - January 12, 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	9 ³⁰	<i>SWallace</i>	12	1 5		<i>SWallace</i>	6 1/2
TUESDAY							
SHARRAINE WALLACE	9 ³⁰	<i>SWallace</i>	12 ³⁰	1 30 4 ³⁰		<i>SWallace</i>	6
WEDNESDAY							
SHARRAINE WALLACE	9 ³⁰	<i>SWallace</i>	12 ³⁰	1 5		<i>SWallace</i>	7 <i>pm</i>
THURSDAY							
SHARRAINE WALLACE	10 ⁰⁰	<i>SWallace</i>	1	2 5		<i>SWallace</i>	6
FRIDAY							
SHARRAINE WALLACE	9 ³⁰	<i>SWallace</i>	1	2 5		<i>SWallace</i>	6 1/2

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

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*

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