

Training Status: Cost Recovery

Training required as of 01/15/09

Name: _____ Employee Start Date: _____

Employee Mail Code: _____ Supervisor: _____

Date(s) Completed:	Priority*			Mandatory Development Activities [Requirement Reference]	
	1	2	3		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cost Recovery Process [Reference 12 - Region 9 Manual]	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fundamentals of Superfund [EO 3500.1, OSWER Directive 9295.9-05]	_____

*PRIORITY RANGE: 1 = As soon as available; 3 = Lowest priority

Notice:

Training requirements vary by region. Questions or concerns about training requirements should be addressed to your supervisor or regional training coordinator.