

# Maintenance Work Element Program

## WORK ELEMENT CERTIFICATION REQUEST

Distribution: Region:  Worksite:  Lansing Central Maintenance:  Employee:

Having received sufficient training and completed the minimum required number of hours for the following work elements, I hereby request an evaluation for work element certification on the following:

Employee Name (Print)		Employee ID No:	Facility	Region		
W. E. #	Work Element Title:	Hours Complete:	EXAM		DEMO	
			Score	Date	Score	Date
_____ On-Site Coordinator Signature/Date		_____ Supervisor Signature/Date		_____ Region Coordinator Signature/Date		
W. E. #	Work Element Title:	Hours Complete:	EXAM		DEMO	
			Score	Date	Score	Date
_____ On-Site Coordinator Signature/Date		_____ Supervisor Signature/Date		_____ Region Coordinator Signature/Date		
W. E. #	Work Element Title:	Hours Complete:	EXAM		DEMO	
			Score	Date	Score	Date
_____ On-Site Coordinator Signature/Date		_____ Supervisor Signature/Date		_____ Region Coordinator Signature/Date		
W. E. #	Work Element Title:	Hours Complete:	EXAM		DEMO	
			Score	Date	Score	Date
_____ On-Site Coordinator Signature/Date		_____ Supervisor Signature/Date		_____ Region Coordinator Signature/Date		
W. E. #	Work Element Title:	Hours Complete:	EXAM		DEMO	
			Score	Date	Score	Date
_____ On-Site Coordinator Signature/Date		_____ Supervisor Signature/Date		_____ Region Coordinator Signature/Date		
_____ On-Site Coordinator Signature/Date		_____ Supervisor Signature/Date		_____ Region Coordinator Signature/Date		
EMPLOYEE SIGNATURE:		DATE:				