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| **Training Request Form** | | | |
| Training Request Form No No.formulir | {Form No} | | |
| Date of Request *Tanggal Permintaan* | {Date} | | |
| Requested By *Diajukan Oleh* | {Requested By} | | |
| Department *Departemen* | {Department} | | |
| Employee ID *ID Karyawan* | {Employee ID} | | |
| Position *Jabatan* | {Position} | | |
| **Training Details** | | | |
| Training Program Name *Nama Program Pelatihan* | {Training Program Name} | | |
| Training Provider *Penyedia Pelatihan* | {Training Provider} | | |
| Training Date(s) *Tanggal Pelatihan* | {Training Date} | | |
| Training Location *Lokasi Pelatihan* | {Training Location} | | |
| Mode of Training *Metode Pelatihan* | {Mode of Training} | | |
| Duration *Durasi* | {Duration} | | |
| Training Cost *Biaya Pelatihan* | {Training Cost} | | |
| Budget Availability *Ketersediaan Anggaran* | [Yes/No] | | |
| **Purpose and Objectives of Training** | | | |
| Purpose of Training *Tujuan Pelatihan* | {Purpose of Training} | | |
| Training Objectives *Sasaran Pelatihan* | {Training Objectives} | | |
| **Relevance to Job Role** | | | |
| Relevance to Current Role *Relevansi Terhadap Pekerjaan Saat Ini* | {Relevance to Current Role} | | |
| Expected Benefits *Manfaat yang Diharapkan* | {Expected Benefits} | | |
| **Training Approval** | | | |
| Immediate Supervisor | Department Head | HR Department | Training Manager |
| {Immediate Supervisor Name} | {Department Head Name} | {HR Department Name} | {Training Manager Name} |
| {Immediate Supervisor Date} | {Department Head Date} | {HR Department Date} | {Training Manager Date} |
| **Notes/Additional Comments** | | | |
| {note} | | | |
| **For HR Department Use Only** | | | |
| HR Verification *Verifikasi HRD* | {HR Verification} | | |
| HR Remarks *Catatan HRD* | {HR Remarks} | | |
| Approved Training Budget *Anggaran Pelatihan yang Disetujui* | {Approved Training Budget} | | |
| Training Status *Status Pelatihan* | [Approved / Not Approved / Pending] | | |
| Date of Approval/Denial *Tanggal Persetujuan/Penolakan* | {Date of Approval} | | |