



## IN-HOUSE TRAINING REQUISITION FORM

*Duly completed form must reach GHCD at least two (2) weeks prior to the training date to activate your request*

### SECTION A : TRAINING DETAILS - To complete by the requestor

Type : Course ☐ Briefing ☐ Seminar ☐ Conference ☐ LMS/MTD Learning ☐ Workshop ☐ Study Visit ☐  
 Title of Program: \_\_\_\_\_

Date : From \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_ day/s  
 Time : From \_\_\_\_\_ To \_\_\_\_\_  
 Venue : \_\_\_\_\_  
 Name of Provider : \_\_\_\_\_  
 Objectives of training program : \_\_\_\_\_

### SECTION B : STAFF DETAILS - To complete by the requestor

Name of Participant/s	Designation	Div/Dept/Com
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature : ..... Date : .....  
 Name : .....

### SECTION C : RECOMMENDATION BY HEAD OF DIVISION/DEPARTMENT/COMPANY (HOD)

A. Please tick one (1) ☐ This training program was budgeted in the Division/Department/Company Training Plan  
☐ If other than above.

B. What improvement (skills, knowledge, behaviour) are you expecting from the staff after attending the programme?  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature : ..... Date : .....  
 Name : .....

### SECTION D : CHECKED BY GROUP HUMAN CAPITAL DIVISION (GHCD)

Budget Details			Estimated Expenses					
1	Approved Budget	Yes <input type="checkbox"/>	1	Course/Programme Fee	RM			
		No <input type="checkbox"/>	2	Refreshment	RM			
2	Remarks		3	Other Expenses (excluding travelling expenses)	RM			
			TOTAL			RM		
	Signature :.....	Name :.....	Date :.....	4	HRDF Claimable	Yes <input type="checkbox"/>	RM	
						No <input type="checkbox"/>	RM	

### SECTION E : APPROVING AUTHORITY

<b>Verified by Head, GHCD</b>  Remarks:   Signature : ..... Name : ..... Date : .....	<b>Approved by Chairman/Deputy Chairman/CEO/COO/ Executive Director</b>  Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>  Signature : ..... Name : ..... Date : .....
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### SECTION F : FOR GHCD USE ONLY

☐ Received Training Requisition Form on : .....  
☐ Notify staff training requisition is approved/rejected on : .....  
☐ Checklist For Training Administration : .....