



## EXTERNAL 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 staff

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 staff

Name of Participant : \_\_\_\_\_

Designation : \_\_\_\_\_

Company / Dept / Division : \_\_\_\_\_

### 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?  
☐ This Training Needs Identified (TNI) from the Staff Performance Appraisal Form (SPA)?  
☐ If other than above.

B. What improvements (skills, knowledge, behaviour) are you expecting from your staff after attending the programme?

Signature : .....

Date : .....

### SECTION D : STAFF DECLARATION - To complete by staff

I hereby agree to diligently attend the training in full. I also agree to submit to the Group Human Capital Division a copy of any certification awarded, training material, to complete and submit the Training Evaluation form within seven (7) days after the training ends. I understand that if I do not adhere to the entire MTD Group Training Procedures and fulfill all the conditions of the training in full, without reasonable explanation, MTD Group has the right not to process my claims and liable to disciplinary action by the Company.

I have done the following:

- ☐ Attach the training brochure to this form  
☐ Submit this completed form with recommendation  
(in Section C) to GHCD for processing.

Signature : .....

Date : .....

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

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

### SECTION F : APPROVING AUTHORITY

Verified by Head, GHCD

Remarks:

Signature : .....

Name : .....

Date : .....

Approved by Chairman/Deputy Chairman/CEO/COO/  
Executive Director

Approved ☐

Not Approved ☐

Signature : .....

Name : .....

Date : .....

### SECTION G : FOR GHCD USE ONLY

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