

## Training Request Form

Employee Name:		Date:	
Title:		Employee ID:	
Dept/Subsidiary:		Line Manager:	
E-mail Address		Contact Number	

### Training Program Details

Course Name/Title			Training Provider	
Location			Program type	
Duration	From		To	

### Course/Seminar Description (kindly attach the brochure or provide web link details)

### The Objectives of the attending the program

Benefit to the organization – How will this program help your performance

### Competencies Development

What are the targeted skills and competencies to be developed by the program

### Comments

signature

Date

Employee :	_____	_____
Line Manager:	_____	_____
General Manager (if applicable) :	_____	_____
L&D Manager:	_____	_____
HR Director :	_____	_____
COO Approval:	_____	_____
CEO Approval:	_____	_____

HR Department use ONLY:

**Investment / Fees Details**

Budgeted/Planned:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, provide justification		
Type of Expense	Description	Price
Program cost (participation fees)		
Ticket / Local Transportation		
Hotel / Accommodation		
Per diem		
Total Cost		
HR Comments:		

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**Human Resource Director**