## **Training Request Form**



| Employee Name: Employee No |                | yee No:         |
|----------------------------|----------------|-----------------|
| Designation:               | Department:    |                 |
| Course Title:              |                |                 |
| Date of Training:          | No. of Days:   | _ Venue:        |
| Training Vendor:           |                |                 |
| Cost Per Participant:      |                |                 |
|                            | Recommended By | <u>y:</u>       |
|                            |                |                 |
|                            | Line Manager   |                 |
|                            | Approved By:   |                 |
|                            | <u> </u>       |                 |
| Head of Department         |                | Manager HR      |
|                            |                |                 |
| CFO                        |                | President & CEO |