



TRAINING REQUEST FORM

Name: _____ Employee Number: _____

Department: _____ Application Date: _____

TRAINING DETAILS

Course name	
Institution	
Date	
Schedule	
Duration	
Place	
Cost	
Purpose and Objective	

HUMAN RESOURCES

Coverage authorized	
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APPROVAL

Employee		Manager/Supervisor	
Financial/ Academic Direction		Human Resources	

Note:

Must attached training program.