**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| Employee ID: |  | Job Title/Position: |  |
| Department: |  | Supervisor’s Name: |  |
| Phone Number: |  | Email Address: |  |

**Training Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Training Title:** |  | | | | | |
| Training Provider/Organization: |  | | | | | |
| Location/Venue: |  | | | | | |
| Training Dates: | From: | (DD/MM/YYYY) | | To: | | (DD/MM/YYYY) |
| Training Duration (hours/days): |  | | Training Cost: $[amount] | | [amount] | |
| Additional Costs (e.g., travel, accommodation): | $[amount] | |  | |  | |

**Justification for Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose of Training (select all that apply): | Skill Development | Certification | Compliance/Regulatory Requirement |
| Professional Development | | Other: |
| Describe how this training will benefit the employee and the organization: | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

**Training Content Overview**

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| --- | --- |
| **Key Topics to be Covered:** | **Learning Objectives:** |
|  |  |

**Budget Information**

|  |  |  |
| --- | --- | --- |
| **Is the training included in the departmental budget?** | Yes | No |
| **Budget Code/Cost Center:** |  | |

**Approval Workflow**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approver** | **Title/Position** | **Date** | **Signature** |
| Employee |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |  |
| Supervisor/Manager |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |  |
| Department Head |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |  |
| HR Department |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |  |
| Finance Department |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |  |

**Post-Training Evaluation (To be completed after training)**

|  |  |  |
| --- | --- | --- |
| **Was the training completed as planned?** | Yes | No |
| **If no, please explain:** |  | |
| **Key Learnings and Takeaways:** |  | |
| **How will you apply this training to your job?** |  | |
| **Overall Training Rating:** | Excellent | Good |
| Average | Poor |
| **Additional Comments:** |  | |

**Employee Acknowledgement**

|  |  |
| --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee Name), confirm that the information provided in this form is accurate and complete to the best of my knowledge. | **Employee Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (DD/MM/YYYY) |

**For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Form Received By:** |  | | |
| **Date Received:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | (DD/MM/YYYY |  |  |
| **Approved By:** |  | | |
| **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | (DD/MM/YYYY) |  |  |