**Employee Training Request Form**

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| --- | --- | --- | --- |
| **Company Name:** | ABC Manufacturing Pvt. Ltd. | **Department:** | Human Resources |
| **Form No.:** | HR/TRF/2025-04 | **Date:** | 13-Oct-2025 |

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | Ahmed Raza | | |
| Employee ID | EMP-0425 | Designation | Production Supervisor |
| Department | Operations | Contact No. | +92 300 4567890 |
| Email | ahmed.raza@abcmfg.com |  |  |

**Section 2: Training Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Training Title | Lean Manufacturing Techniques | | |
| Type of Training | ☐ Internal ☐ External ☐ Online ☐ Workshop ☐ Seminar | | |
| Training Provider/Institution | Industrial Skills Institute | Location/Venue | Karachi Training Center |
| Proposed Date(s) | 25–27 October 2025 | Duration | 3 Days |
| Estimated Cost (PKR) | 25,000 |  |  |

**Section 3: Purpose and Justification**

**Describe the purpose of the training and how it aligns with your role or organizational goals:**

To enhance understanding of lean production methods, reduce material waste, and improve overall factory efficiency.

**Section 4: Expected Outcomes**

* Improved process efficiency and reduced operational costs.
* Better team coordination on production lines.
* Enhanced problem-solving and decision-making skills.

**Section 5: Departmental Approval**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Approved by** | **Designation** | **Signature** | **Date** | **Remarks** |
| Mr. Bilal Sheikh | Operations Manager |  |  | Recommended for approval |

**Section 6: HR / Training Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Request Received On |  | Reviewed By |  |
| Approved Training Cost |  | Approval Status | ☐ Approved ☐ Not Approved ☐ Deferred |
| Comments |  | | |
|  | | |

**Section 7: Final Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized by** | **Designation** | **Signature** | **Date** |