

Training Nomination Form

PART 1 — Employee Nomination

Name of Employee : _____ Staff No : _____
Designation : _____ Department : _____
Course Title : _____
Course Organisation : _____
Commencement Date : _____ Duration of Training : _____
Course Fee : _____ SDF Sponsorship : Y / N
Staff Training Budget: _____

PART 2 — Head of Department's Approval

How will this training programme benefit the employee's job performance? _____

Signature / Date Name of HOD

PART 3 — Human Resource Department's Approval

To : Head of Department

This Nomination is :

Approved Not Approved KIV

Remarks : _____

Human Resource Manager Date

Note: Please enclose all available course brochure or information along with this submission.