

Professional Development & Training Policy

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|---------------------|-----------|----------------|---------------|
| Form # | AD-110-F1 | Revision # | 01 |
| Accessibility level | A | Effective date | 17 April 2015 |

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|--------------------|----------------|
| Full name: | Job ID number: |
| Department / Unit: | Job title: |

I would like to participate in the following training program:

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|---|----------------------------|
| Training Program Title: | Training Program Date: |
| Training Program Time: | Training Program Location: |
| Reason(s) for participating in this training program: | |
| Comments/Recommendation: | |
| Department Head Recommendation: | |
| HR Director Recommendation: | |
| Employee Name and Signature: | Date: |
| Department Head Name and Signature: | Date: |
| HR Director Name and Signature: | Date: |