



جامعة فهد بن سلطان  
FAHAD BIN SULTAN UNIVERSITY

## Professional Development & Training Policy

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

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

I would like to participate in the following training program:

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:

