

HUMAN RESOURCES & PERSONNEL DEVELOPMENT EXTERNAL TRAINING APPROVAL FORM

- KINDLY ENSURE THAT ALL SUPPORTING DOCUMENTS (AS LISTED OVERLEAF) ARE SUBMITTED.
- *INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED FOR PROCESSING.*
- COMPLETE DOCUMENTATION MUST BE SUBMITTED AT LEAST THREE (3) WEEKS BEFORE COMMENCEMENT OF TRAINING OR PROGRAMME REGISTRATION DEADLINE.
- **APPROVAL IS AT THE DISCRETION OF MANAGEMENT, BASED ON JOB REQUIREMENTS.**

Employee Name	
GHS Number	
Position	
Department	
PROGRAMME	
Date(s)	
Time(s)	
Venue	
Requirements	Registration (Y) (N) Accommodation (Y) (N) Travel (Y) (N)
Programme Cost	RM / Other Currencies
Payment	Sponsored* / Free / Hospital / Own Expense / HRDF Claimable
HRDF SCHEME	SBL / SBL KHAS / PROLUS / PERLA
<i>If SPONSORED*</i>	
Name of Sponsor	

Benefits of attending the training programme as mentioned above:

Acknowledgement by employee attending the external training programme

I hereby acknowledge and understand that I will be subject to formal evaluation on my performance, sharing and imparting of knowledge gained, and attitude towards work, after attending the external training programme as above.

Signature : _____

Date : _____

Approved :

Reviewed by :

Final Approval :

HOD

Division Head

Administrator, HRPD

Chief Executive Officer

Date:

Date:

Date:

Date:

SUPPORTING DOCUMENTS REQUIRED FOR:**I) SPONSORED / FREE / OWN EXPENSE**

		FOR VERIFICATION BY HRPD
1	EXTERNAL TRAINING APPROVAL FORM, SIGNED BY : ➤ HOD ➤ DIVISION HEAD	
2	DULY SIGNED LEAVE FORM, CLEARLY STATING : ➤ NUMBER OF TRAINING DAYS ➤ NUMBER OF TRAVELLING DAYS	
3	COMPLETE PROGRAMME INFORMATION (SOFT COPY & HARD COPY) : ➤ NAME OF PROGRAMME ➤ DATE(S) ➤ TIME(S) ➤ VENUE ➤ COURSE CONTENT ➤ TRAINING SCHEDULE ➤ BIODATA OF TRAINER(S)	
4	BLANK REGISTRATION FORM	
5	TRAVEL AUTHORISATION FORM If Travel by Air and / or Accommodation is required	

II) HOSPITAL / HRDF CLAIMABLE

		FOR VERIFICATION BY HRPD
1	EXTERNAL TRAINING APPROVAL FORM, SIGNED BY : ➤ HOD ➤ DIVISION HEAD	
2	DULY SIGNED LEAVE FORM, CLEARLY STATING : ➤ NUMBER OF TRAINING DAYS ➤ NUMBER OF TRAVELLING DAYS	
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4	BLANK REGISTRATION FORM	
5 A	<i>HOSPITAL / HRDF CLAIMABLE (ONLY FOR SBL AND PROLUS SCHEME)</i> DULY COMPLETED PURCHASE REQUISITION MADE PAYABLE TO TRAINING PROVIDER, APPROVED & SIGNED BY : ➤ HOD ➤ DIVISION HEAD	
B	<i>HRDF CLAIMABLE (ONLY FOR SBL KHAS AND PERLA SCHEME)</i> PURCHASE REQUISITION NOT REQUIRED	
6	TRAVEL AUTHORISATION FORM If Travel by Air and / or Accommodation is required	