|  |  |
| --- | --- |
| Date: |  |
| Training Proposed by (Name): |  |
| Employee (s) proposed for Training (Names): |  |
|  |
| Department that the Training is Concerned: |  |
| Training Proposed: |  |
| Justification for the Training Proposed: |
| Training Objectives: |
| Proposal for: Training Method, Training Provider and Training Time Frame: |
| Signature Dept. Manager (\*) |  | Signature Chief Technical Officer (\*\*) |  |
| (\*) The signature of the Dept. Manager declares the approval for the submission of the proposed training to the General Manager. (\*\*) The signature of the General Manager declares the final approval of the proposed training. |
| Justification for non-approval (to be completed in case of non approval only): |
| Signature: |  |  | Date: |  |
|  |  |  |  |  |