

EMPLOYEE TRAINING REQUEST FORM

Employee Name:
Employee Number:
Designation:
Department:

Date:

Date of joining:

Training Program Name: _____.

Description

Expectations and Goals

Expected no. of days to be off:

Employee Signature:

[DATE]

To be completed by Supervisor/Manager

Eligibility of Employee

Approximate Cost \$

☐ YES

Transportation

[AMOUNT]

☐ NO

Meals

[AMOUNT]

NOTE:

Other Expenses

[AMOUNT]

TOTAL

[AMOUNT]

[DATE]

Supervisor/Manager Signature:

To be completed by Human Resource and Finance Department

☐ Approved

☐ Disapproved

Reason if not approved:

HRD Manager Signature:

[DATE]

Finance Manager Signature:

[DATE]