

STAFF TRAINING REQUEST: (YEAR)

Sector Head

Sector/Division

Effective Date

Revision No.

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KNOWLEDGE AREAS ((√)where applicable)

EMPLOYEE UNDER SUPERVISION	UNIT/DIVISION	COMPETENCY TO BE ADDRESSED	SPECIFIC	GENERIC	TARGET MONTH/DATE

TRAININGS/SEMINAR/CONFERENCE

TITLE	TARGET MONTH/DATE	ESTIMATED COST	NUMBER OF HOURS	TARGET GROUP

Signature:	
Position:	