

CHECK-LIST FOR REVIEWING AND APPROVING SHORT-TERM TRAININGS

Name: EID No.: Position Title:

Name of Agency:

Course Title:

Forms	a. Training Proposal from the Division/Section/Services	(Yes No)* <input type="checkbox"/> <input type="checkbox"/>
	b. In-service Training Nomination Form	
	c. Copy of Citizenship Identity Card	<input type="checkbox"/> <input type="checkbox"/>
	d. A copy of Audit Clearance Certificate	<input type="checkbox"/> <input type="checkbox"/>
	e. Security Clearance	<input type="checkbox"/> <input type="checkbox"/>
	f. Acceptance/Invitation Letter from Institute	<input type="checkbox"/> <input type="checkbox"/>
	g. Medical Certificate, if required by the Institute/Country	<input type="checkbox"/> <input type="checkbox"/>
Rules and Procedures	a. Fulfillment of Minimum Years of Service	<input type="checkbox"/> <input type="checkbox"/>
	b. Relevance of Training	<input type="checkbox"/> <input type="checkbox"/>
	c. HRD Master Plan/Ad hoc:	
	i. Planned	<input type="checkbox"/> <input type="checkbox"/>
ii. Ad hoc	<input type="checkbox"/> <input type="checkbox"/>	
d. Training Gap Requirement Fulfilled	<input type="checkbox"/> <input type="checkbox"/>	
Past Training Record	Number of Trainings Availed:	
	i. Long-term	_____
	ii. Short-term	_____
Decision of the HR Committee	i. If Approved, copy attached	<input type="checkbox"/> <input type="checkbox"/>
	ii. Not approved	<input type="checkbox"/> <input type="checkbox"/>

Date:

Processed by HR Officer:

Signature and date:

Name: