TRAINING AND DEVELOPMENT APPROVAL FORM

Employee Information			
First Name	Last Name	Department	
Phone Number	Email Address	Job Title	
Training Program/Course	e Details		
Course Title	Provider/Organiza	ation Training Cost	
Location	Duration	Start Date	
Justification			
Training Objectives (Descri	be how this course aligns w	with your current role and the skill/knowledge	
you aim to acquire)	Ü	,	
Benefits to the Company (E	xplain how this training wi	ill benefit the company and contribute to your	
effectiveness)			
Approver Information			
First Name	Las	st Name	
Job Title/Position		Date Approved	
I have reviewed the training	or request and annrove th	he employee's participation based on its	
	•	vee's professional development and the	
•			
	intribution to the employ	ree's professional development and the	
company's objectives.	intribution to the employ	ree's professional development and the	

Signature Date:

Signature: