

TRAINING AND DEVELOPMENT APPROVAL FORM

Employee Information		
First Name	Last Name	Department
Phone Number	Email Address	Job Title

Training Program/Course Details		
Course Title	Provider/Organization	Training Cost
Location	Duration	Start Date

Justification
Training Objectives (Describe how this course aligns with your current role and the skill/knowledge you aim to acquire)
Benefits to the Company (Explain how this training will benefit the company and contribute to your effectiveness)

Approver Information	
First Name	Last Name
Job Title/Position	Date Approved

I have reviewed the training request and approve the employee's participation based on its relevance and potential contribution to the employee's professional development and the company's objectives.

Signature:

Signature Date: