

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

Processed by HR Officer:

Signature and date:

Name: