

CHECK-LIST FOR REVIEWING AND APPROVING SHORT-TERM TRAININGS BY HUMAN RESOURCE COMMITTEE (HRC)

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	<input type="checkbox"/> <input type="checkbox"/>
	c. Copy of Citizenship Identity Card (New)	<input type="checkbox"/> <input type="checkbox"/>
	d. Original Audit Clearance Certificate**	<input type="checkbox"/> <input type="checkbox"/>
	e. Original Security Clearance Certificate**	<input type="checkbox"/> <input type="checkbox"/>
	f. Acceptance/Invitation Letter from Institute	<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:	<input type="checkbox"/> <input type="checkbox"/>
	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	a. Similar Trainings Availed	<input type="checkbox"/> <input type="checkbox"/>
	b. Number of Trainings Availed:	_____
	i. Long-term	_____
	ii. Short-term	_____

* Please tick (✓).

** To be submitted upon approval only. Failing to submit the specified documents, Training Approval Letter shall NOT be issued.

Reviewed and Recommended to the HRC by:

Name:

Position Title:

Signature & Date:

Remarks:

Decision of the HRC:

1. Approved [name (s) and EID No. (s) of candidate (s)]:

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2. Not approved [name (s) and EID No. (s) of candidate]:

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Human Resource Committee:

Signature:

1. (Name & Position Title), Chairman

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2. (Name & Position Title), Member

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3. (Name & Position Title), Member

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4. (Name & Position Title), Member

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5. (Name & Position Title), Member Secretary

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Date: