

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

Name: EID No.: Position Title:
.....

Name of Agency:

Course Title:

Forms	a. Training Proposal from the Division/Section/Services	<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. A copy of Audit Clearance Certificate	<input type="checkbox"/> <input type="checkbox"/>
	e. A copy of 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:	
	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 Aailed:	
	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"/>

Signature of Human Resource Committee Members:

- 1. (Name & Position Title), Chairman
- 2. (Name & Position Title), Member
- 3. (Name & Position Title), Member
- 4. (Name & Position Title), Member
- 5. (Name & Position Title), Member Secretary

Date:

Processed by HRO:

Signature and date:

Name: