

Institute of Technology University of Moratuwa

Training Request Form for Staff

To: Director

From

Name:Mr/Mrs/Dr.

Designation:

Division:

1. Title of the program:

Date/s or Duration:

Venue:

Fee:

2. Expected outcome of this training:

3. Relevance of the said outcome to the development of students/institute/self:

4. Arrangement to cover duties:

A copy of the brochure/advertisement/ any other supporting document is attached herewith.

Requested by (signature):

Date:

Recommendation of the Head of the Division

Division:

I recommend / not recommend the above request for training and accept/not accept the arrangement of duty coverage.

Any comment:

Signature of the Head.....

Date:

To: Head/ Staff Student Development Committee (SSDU)

The request is forwarded to the SSDU for evaluation and recommendation.

Director.....

Date:

Evaluation by SSDU

Date of Evaluation:

Participants:

Name	Designation	Signature

	Description	Yes	No
1	Is there a similar training program in the scheduled list of “Annual Staff Development Program”?		
2	Is any identified trainer available among staff members to provide requested training?		
3	Are the expected outcomes in the question no 2 matched with the staff development program?		
4	Are these outcomes significant for the development of	students?	
		institute?	
		self?	
5	Can the requested staff development program be recommended for its	trainers?	
		content?	
		duration?	
		venue?	
6	The program fee is accepted		

To- Director

Availability of funds for Dr./Mr./ Mrs..... as at (date)..... is Rsunder Table ,,, ,Category of Disbursement Schedule -

Decision/comments of SSDU:

Rs. is recommended to grant/ not recommended

Head/SSDU.

Date

To- Deputy Registrar

Above request is forwarded for the recommendation of leave & award committee meeting.

Director

Date