

**TEACHER'S TRAINING APPROVAL FORM**

**SECTION A - TEACHER INFORMATION**

Name: \_\_\_\_\_ Payroll N°: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Post Title: \_\_\_\_\_ Salary Grade: \_\_\_\_\_  
School: \_\_\_\_\_ Province: \_\_\_\_\_

**SECTION B - TRAINING INFORMATION**

Name of the organization offering the training: \_\_\_\_\_  
Duration: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Location: \_\_\_\_\_  
Cost: \_\_\_\_\_ Who will pay the cost? Government / Other  
Have you arrange for the supervision of your class to continue during your absence ?

Teacher's certification of information

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Training needs identification: To be filled by the Head Teacher or the PEO

What benefits the concerned school or zone would receive from this training?

State the identified training needs the training itself will meet for the teacher

**SECTION C: OFFICIAL APPROBATION**

**PEO'S COMMENT:**

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DIRECTOR'S RECOMMENDATION**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DIRECTOR GENERAL'S COMMENT**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**APPROVAL FROM THE MINISTER OF EDUCATION**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**The Basic Education Section will inform the Teaching Service Commission and the salary section of this approval**