



Online Training Registration

Staff ID Number	Name	Date
Department	Position	Local
PD Claim	Org. Code	Acct. Code
Dept. Claim	Org. Code	Acct. Code
Employee Funded	Cheque Payroll Deduction	

Reason for taking training

Course Name

Course Fee

Total P.D. Expenses

Employee Signature		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Approval</td> <td style="width: 30%; border: none; text-align: right;">Date</td> </tr> </table>	Approval	Date
Approval	Date	
Print Name		