**Form No: (C)**

**Ministry / Authority: ………………………………………….**

**Reporting Template of School Holidays**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee name: | Purpose of Study | Specialty | Timeframe | Current Academic Qualification | Required academic Qualification | Cost by full-time or sponsorship system | Compatibility with the individual IDP |
|  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

\* This report shall be submitted semi-annually to Federal Authority for Government Human Resources

Name and signature of:

Director of Concerned Training Department