



Form No: (C)	
<b>Ministry / Authority:</b>	•••••

## **Reporting Template of School Holidays**

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

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

Name and signature of:

Director of Concerned Training Department