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Report Form on Seconded Personnel Number

Employee Name	Entity to which Employee is Seconded, Inside/ or Outside the Country	Terms of Secondment	Cost	Compatibility with Individual Development Plan IDP
<u>Total</u>				

^{*} This report shall be submitted semi-annually to the Federal Authority for Government Human Resources.

Name and signature of:

Director of the Concerned Training Department





Form	No.	(\mathbf{E})	
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Report Form on Participants Number in Conferences and Seminars

Employee Numbers	Type or Name of Conference / Seminar	Inside/ or Outside the Country	Duration	Cost	Compatibility with Individual Development Plan IDP
<u>Total</u>					

* Thi	is report shall	he submitted	Lsemi_annuall	ly to the	Federal	Authority fo	or Government	Human	Resources
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Name and signature of:

Director of the Concerned Training Department