**Form No. (D)**

**Ministry/ authority ………………………**

**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** |
|  |  |  |  |  |
| **Total**  |  |  |  |  |

\* 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***