TEACHER'S TRAINING APPROVAL FORM

SECTION A -	TEACHER	INFORMATION

Name:	Payroll N°: / / / / /
Post Title:	Salary Grade:
School:	Province:

SECTION B - TRAINING INFORMATION

Duration: From/ to/ Location:		ization offering the training:	
Have you arrange for the supervision of your class to continue during your absence ? Teacher's certification of information Name:	Duration: From	_//to//I	_ocation:
Teacher's certification of information Name:			
Name:	Have you arrange t	or the supervision of your cla	ass to continue during your absence?
Name:	Teacher's certificat	ion of information	
Training needs identification: To be filled by the Head Teacher or the PEO What benefits the concerned school or zone would receive from this training? State the identified training needs the training itself will meet for the teacher SECTION C: OFFICIAL APPROBATION PEO'S COMMENT: Name: Signature Date: /_/ DIRECTOR'S RECOMMENDATION Name Signature Date: / DIRECTOR GENERAL'S COMMENT Name: Signature: Date: / DATE: / DIRECTOR GENERAL'S COMMENT Date: Name: Signature: Date: APPROVAL FROM THE MINISTER OF EDUCATION Date: /			Date: / /
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he Basic Education Section will inform the Teaching Service Commission and the salary section			•