



## ATTENDANCE AT TRAINING, CONFERENCE OR SEMINAR

**Employee Name:** \_\_\_\_\_ **Staff ID No:** \_\_\_\_\_

**School/Centre/Dept:** \_\_\_\_\_

**Brief Description of the Seminar/Conference or Training programme** (please attach a copy of programme if appropriate)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Benefits to DDLETB:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Venue Location** \_\_\_\_\_

**Fee (if applicable):** € \_\_\_\_\_

**Budget Cost Details (if applicable):**

Project Code: EK \_\_\_\_\_ GL Code: \_\_\_\_\_

### **ABSENCE PERIOD**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
(indicate dates)

**Total No of working day(s):** \_\_\_\_\_

\_\_\_\_\_  
**Requesting Employee's Signature**

\_\_\_\_\_  
**Date**

**APPROVED By:**

\_\_\_\_\_  
(Manager/APO)

**Date:** \_\_\_\_\_

**AUTHORISED By:**

\_\_\_\_\_  
CEO/Director

**Date:** \_\_\_\_\_

**Once fully complete, coded and authorised please forward form to  
T&D Unit, HR Department, Head Office.**