

STA TRAINING SDN BHD

(Company No: 575036-M)

Employee Training Plan Form STATF/02 (Rev.10/15)

Employee Training Plan (PLEASE ENTER THE TITLE OF THE TRAINING IN UNIT STANDARD – NO. OF UNIT STANDARD, LEVEL AND CREDIT)														
No. Unit Standard	Level	Total Credit	Training Delivery Schedule (Enter date, month & year below as a training record)											
			Jan	Feb	Mac	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec
Total:														

Name of Company : _____ Contact Person : _____
 Telephone No. : _____ Fax No. : _____
 Name of the Trainee : _____ Certificate in : _____
 Training Venue/Camp : _____

Nominated by, _____ Verified by, _____ Approved by, _____

 Date: _____ Date: _____ Date: _____