



ATTENDANCE CONFIRMATION FORM (TRAINING ABROAD)

A. STAFF INFORMATION

Name :

Staff ID :

Position :

Unit / Section / PTJ :

B. TRAINING DETAILS ATTENDED

Types of training :

Training Period : / / 20 untill / / 20 (DD/MM/YYYY)

Place of Training :

Country :

Supervisor's Signature (Stamps)

..... Date : / / 20 (DD/MM/YYYY)

Name :

C. CONFIRMATION BY THE FACULTY'S HR DEPARTMENT (UTM)

Deputy / Assistant Registrar (Stamps)

..... Date : / / 20 (DD/MM/YYYY)

Name :

**THIS FORM SHOULD BE SUBMITTED TO CENTER FOR TRAINING AND LEADERSHIP DEVELOPMENT (CTLD)
REGISTRAR DEPARTMENT, UNIVERSITI TEKNOLOGI MALAYSIA**