**Professional Development Claim Form**

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| **Employee Information** | | |
| **Name:** | | |
| **Position:** | **Entity Name:** | |
| **Joined date:** | **Department:** | |
| **Mobile:** | **Email Address:** | |
| **Information of Professional Development Course** | | |
| **Course Title:** | **Date of Exam Result :** | |
| **Achievement :** | **Name of Institute :** | |
| **Actual Exam Fee :**  **Claim Amount ( 80 % of Exam Fee – Up to USD 1500) :**  **Claim Amount (50% of Exam Fee – From USD 1501 – USD 3000) :**  **Original Receipt and Invoice (Fees) Proven Track Record / Document (Certificate)** | | |
| **Requested by Employee (Signature) : Date :** | | |
| **Recommended by Department Head**  **Signature:**  **Name:**  **Position:**  **Date :** | | **Approved by Entity Head**  **Signature:**  **Name:**  **Position:**  **Date :** |
| **Verified by HR Department**  **Signature:**  **Name:**  **Position:**  **Date :** | | **Reimbursed by Finance Department**  **Signature:**  **Name:**  **Position:**  **Date :** |

**Form B**