



BACK TO OFFICE REPORT

Training/Attachment/Seminar/Workshop

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1.1 Particulars

Name of Employee:	
Name of Training:	
Institution/Country:	
Departure and Return Dates:	
Position/Salary Band:	

1.2 Verification

(a) Departure and Handing Over		Name/Signature	
Date	Time	Officer	Supervisor

(b) Resumption of Duties		Name/Signature	
Date	Time	Officer	Supervisor

BACK TO OFFICE REPORT

2.1 Outline

(Summary of Work Attachment, Seminar, Symposium, Training, Workshop or Conference attended).

2.2 Key Learning Points

(Identified learning points from Work Attachment, Seminar, Symposium, Training, Workshop or Conference attended)

BACK TO OFFICE REPORT

2.3 Two Key Performance Indicators that is to be implemented within 6months – 1 year:

2.4 Attachments

- PowerPoints - Attached
- Any other materials

2.5 Endorsement by HOD

Name:	
Signature:	
Date:	



BACK TO OFFICE REPORT

Annexure