

CROSS DEPARTMENTAL TRAINING APPLICATION FORM

部门交叉培训申请表

NOMINEE/TRAINEE'S DATA 被提名人/学员基本资料	
Chinese Name 中文名	English Name 英文名
Position 职位	Level 级别
Department 部门	Date of Joining Hotel 加入酒店时间
Training Period 培训期段 From 自 _____ To 至 _____	
Receiving Department 接收部门	
TRAINING NEEDS / Training Objectives 培训需求/培训目的	

Prepared by _____
Div./Dept. Head (Sending Dept.)

Reviewed by _____
Training Manager

Approved by _____
Director of Human Resources

Approved by _____
Div./Dept. Head (Receiving Dept.)

Approved by _____
General Manager