

Annual Training Plan

Plan Information

Plan Year*: _____

Department / Business Unit*: _____

Prepared By*: _____

Date Created*: _____

Training Schedule

Planned Training Courses:

Course Title	Target Audience	Planned Date	Trainer	Venue	No. of Participants	Resources Required

Approval

Approver Name*: _____

Approval Date*: _____

Approver Signature*: _____ (Sign above)

