

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>		
	<b>Document: Form</b>		<b>Ref No.: TUM/Form/HRM/009</b>
	<b>Title: APPLICATION FOR HRD FUNDS</b>		
	<b>Department: HUMAN RESOURCE MANAGEMENT</b>		
	<b>Issue No. 2</b>	<b>Revision No. 0</b>	<b>Date: 5th April 2018</b>

*Be Completed Triplicate)*

**Notes:**

1. The form should be completed in one's own handwriting.
2. The form should follow the given channel of decision-making.
3. Applicant must attach photocopies of National ID card and academic/professional certificates.
4. The application must be accompanied with the admission/offer letter and a budget for the whole course.

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**PART A: TO BE COMPLETED BY APPLICANT**

1. \_\_\_\_\_  
 (First Name) (Middle Name) (Surname)
2. Staff No: \_\_\_\_\_ 3. Job Title: \_\_\_\_\_
4. Job Grade: \_\_\_\_\_ 5. Date of Birth: \_\_\_\_\_
6. Date of Joining/Appointment at TUM: \_\_\_\_\_
7. Educational Qualifications (e.g. University Degree, Diploma, and Technical Certificates) and \_\_\_\_\_ year obtained.

Course/Training	Institution	Date Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Latest Short Courses/Seminars/Workshops/Attachments attended while at the TUM. (Minimum four (4))

Title	Institution	Attendance Dates
_____	_____	_____
_____	_____	_____



9. Details of Course applied for:

Course Title	Institution	Duration
_____	_____	_____
_____	_____	_____
Minimum Requirements	Pattern of Study	Commencing Date
_____	_____	_____
_____	_____	_____

10. Course/Training Cost (KShs.)

Tuition	Examination	Project	Accommodation	Travel
_____	_____	_____	_____	_____

Total course/training cost is KShs. \_\_\_\_\_

11. Mode of Sponsorship? (*Tick appropriate box*)

Self  Employer  Bilateral  Multilateral

12. **Training Bonding**

(a) **Bonding Periods:**

- Refer to 4.5 of the Human Resource Development Policy

(b) **Bonding Redemption:**

Where an employee contravenes the bond after completion of the course, the following redemptions shall be applicable:

- (i) An employee who was on employer sponsorship - **Shall redeem the bond by refunding the total cost of training.**
- (ii) An employee who was on self-sponsorship - **Shall redeem the bond by refunding an amount equivalent to the salaries and allowances paid while on study leave.**

(c) **Bonding Declaration:**

I, (*Applicants Full Names*).....

Undertake to work for the University for ..... year(s) after completion of the course applied for; failure to which the relevant rule shall apply.

\_\_\_\_\_

Full Names of Applicant                      Signature                      Date

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**PART B: DEPARTMENTAL RECOMMENDATIONS**

**1. Departmental Human Resource Development Committee**

Human Resource Development application recommended/not recommended.

Give reasons for the chosen recommendation option: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Departmental Chairperson/ Head of Department**

(i) Is the training/course relevant to the Department?

Yes  No  (*Tick appropriate box*)

(ii) Can the applicant be released for the indicated period of training without affecting operations of the department?

Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Part C: Dean of Faculty/School/Institute (For academic staff members only)**

i) Is the training/course relevant to the Faculty/School/Institute?

Yes  No  (*Tick appropriate box*)

ii) Can the applicant be released for the indicated period of training without affecting operations of the Faculty/School/Institute?

Yes  No

If No, give reasons.

\_\_\_\_\_

\_\_\_\_\_

iii) Is the area of training a priority in the Faculty/School/Institute?

Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**PART D: HUMAN RESOURCE DEVELOPMENT COMMITTEE  
RECOMMENDATIONS**

1 The applicant has been recommended/not recommended for the course applied for. (*Delete not applicable option*). If not recommended give reasons.

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2 Mode of sponsorship recommended? (*Tick appropriate box*)

Self  Employer  Bilateral  Multilateral

Remarks:

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3 The applicant has been bonded for: \_\_\_\_\_ years

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DHRDC Chairman's Full Names

Signature

Date

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**PART E: Management Board Comments**

Remarks:

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Application approved/not approved based on the HRDC's recommendations and subject to written acceptance of the training conditions by the applicant.

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Chairman Management Board

Signature

Date

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***Distribution of Completed Forms:***

1. *Original* - *Applicant's Staff File*
2. *Duplicate* - *Human Resource Development File*
3. *Triplicate* - *Departmental Human Resource Development File*

