



Report Form on Seconded Personnel Number

Employee Name	Entity to which Employee is seconded, within/ outside the country	Term of Secondment	Cost	Compatibility with individual Development Plan IDP
<u>Total</u>				

* This repor	t shall l	be submitted	semi-annually	to the	Federal	Authority	for Gov	vernment	Human
Resources									

Name and signature of:

Director of the Concerned Training Department