

Authorization Letter for Employee Skill Enhancement Program

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Company]

[Company Address]

To Whom It May Concern,

This letter serves to authorize [Employee's Name], holding the position of [Employee's Position] at [Company Name], to participate in the Skill Enhancement Program titled [Program Title] scheduled from [Start Date] to [End Date].

We believe that this program will significantly contribute to [Employee's Name]'s professional development and improve our team's overall performance.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Position]

[Your Company]