**Control No.**

**Date:**

**TRAINING REQUEST FORM**

|  |
| --- |
| **I. CONTACT INFORMATION**  |
| Name: | Position:  |
| Department:  | Contact Number:  |
| **II. COURSE INFORMATION** |
|  Title of Training/Course:  |
| Date of Conduct:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Number of Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Training Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presenter/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**P** Type of L&D: Training Seminar Webinar Workshop Conference Convention  Symposium Online Short Course Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mode of Delivery:Face-to-Face Venue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Online Platform\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Hybrid Venue and Platform: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Target Number of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Brief Summary/Rationale of Course: |
|   |
|   |
| **III. PURPOSE OF TRAINING** |
| Objective/s: |
|   | To meet current job requirements or duties. |
|   | To meet future Department/Office requirements or duties. |
|   | To meet competency in operating new technologies, procedures, or systems. |
|   | To meet employee career opportunities. |
|  | Others (*please specify)*   |
| **IV. FUNDS AVAILABILITY** |
|  |  Funded (please indicate amount)  |
|  Not funded (please indicate amount) Not applicable\**\*Please skip Budget approval and proceed to VP approval* |
| **V. FUNDING REQUEST** *(Please itemize the breakdown of expenditures/ line item budget,* ***if applicable****)* |
|  |
|  |
|  |
| **VI. ATTACHMENTS** *(This TRF must be submitted in four (4) copies along with the following attachments)* |
| Learning and Development Plan Resource Speaker Information Form Endorsement Form *(if applicable)*  Instructional L&D Design List of Target Participants Invitation/Request Letter *(if applicable)*Program of Activities showing time/duration of topics  |
| *By signing this form, I agree to implement the above-mentioned L&D program as approved by the university. I further agree to submit post-training documents to the OHDRM Training and Organizational Development for proper monitoring, evaluation, and record-keeping.* **REQUESTED BY:** Dean/Director/Chairperson/Unit Head  |
| **RECOMMENDING APPROVAL: FUNDS AVAILABLE:** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  HRDMO Director Finance Office Director   |
|   |
|  Vice President (ADMIN/AA/RDE) |
| **APPROVED:** |
|  |  |  |  |  |  |  |  |  |  |
|  |   |

University President