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|  |  |  |  |  | |  | |  |  | **Control No.:** |  | | |
|  |  |  |  |  | |  | |  |  | **Date :** |  | | |
| **REQUEST FOR EXTERNAL TRAINING** | | | | | | | | | | | | | |
| **I. CONTACT INFORMATION OF REQUESTING OFFICIALS** (Dean/Director/Chairperson/Unit Head) | | | | | | | | | | | | | |
| Name: | | | | | | | | Office/College: | | | | | |
| Position/Designation: | | | | | | | |  | | | | | |
| **II. COURSE INFORMATION** | | | | | | | | | | | | | |
| Title of Training/Course: | | | | | | | | | | | | | |
| Inclusive Date/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of L&D: Training Seminar Webinar Workshop Conference Convention  Symposium Online Short Course Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mode of Participation:Face-to-Face Venue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Online Platform\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Hybrid Venue and Platform \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    To be requested as Work-from-Home (For online and virtual training/seminar only)  Level: International National Regional Institutional/Local          Purpose of the Training/Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **Name of Participant/s** | | | | | **Signature** | | **Name of Participant/s** | | | | | | **Signature** |
| 1. | | | | |  | | 6. | | | | | |  |
| 2. | | | | |  | | 7. | | | | | |  |
| 3. | | | | |  | | 8. | | | | | |  |
| 4. | | | | |  | | 9. | | | | | |  |
| 5. | | | | |  | | 10. | | | | | |  |
| *\* Additional row/s may be added* | | | | | | | | | | | | | |
| **III. FUNDING REQUEST** *(Please itemize the breakdown of expenditures/line item budget,* ***if applicable****)* | | | | | | | | | | | | | |
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| ***Total:*** | | | | | | | | | | | | | |
| **VI. ATTACHMENTS** *(This RET must be submitted in four (4) copies along with the following attachments)* | | | | | | | | | | | | | |
| Endorsement Form Invitation Letter addressed to the President Program of Activities *(for F2F Training)*  Training Commitment Form Approved Office L&D and/or Participants ICDP Board Approval *(For Training Abroad)* | | | | | | | | | | | | | |
|  |  |  |  |  | |  | |  |  |  |  |  | |
| **REQUESTED BY:** | | | | | | | |  |  |  |  |  | |
|  |  | Dean/Director/Chairperson/Unit Head | | | | | |  |  |  |  |  | |
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| **RECOMMENDING APPROVAL: FUNDS AVAILABLE:** | | | | | | | | | | | | | |
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|  |  | | | | | | |  |  | | | | |
|  | Director, HRDMO | | | | | | |  | Director, Finance | | | | |
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| Vice President for AA/ADMIN/RDE | | | | | | | | | | | | | |
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| **APPROVED:** | | | | | | | | | | | | | |
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|  |  |  |  |  | | | | | | |  |  | |
|  |  |  |  | University President | | | | | | |  |  | |