|  |  |
| --- | --- |
| **INSTRUCTIONS:** Please complete the form below by providing the necessary details in the designated fields. Thank you for your cooperation. | |
| **TRAINING INFORMATION** | |
| **Title of the Training:** |  |
| **Implementing Agency:** |  |
| **Training Date/Duration:** |  |
| **Number of Training Hours:** |  |
| **Proposed Venue:** |  |
| **Target Participants:** |  |
| **Budgetary Requirements:** |  |



**Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:**

**Position/Designation:**

**Office/Institute/Unit:**

|  |  |
| --- | --- |
| **APPROVALS** | |
| **REQUESTED BY:**  **NAME & SIGNATURE OF TRAINING PROPONENT**    **NAME & SIGNATURE OF IMMEDIATE HEAD** | **REVIEWED BY:**  **ALICIA B. ALBA**  **Supervising Administrative Officer** |
| **RECOMMENDING APPROVAL:**    **CECILIA S. SANTIAGO, Ph.D.**  **Vice President, Academic Affairs**  **RONALD REAGAN T. ALONZO, Ph.D.**  **Vice President, Administration and Finance** | **APPROVED:**  **JAMESON H. TAN, CESE**  **President III**  **If denied, please state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

*Note: Please return this completed request form to Human Resources Management Office (HRMO) with Training Proposal attached.*