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| --- |
| **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.*