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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 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **RECOMMENDING APPROVAL: FUNDS AVAILABLE:**  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |
|  |  Director, HRDMO |  | Director, Finance |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  Vice President for AA/ADMIN/RDE |
|  |  |  |  |  |  |  |  |  |  |  |
| **APPROVED:** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  University President |  |  |