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|  |    | **TRAINING COMMITMENT FORM** |  |

Title of Training/L&D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inclusive Date/s: \_\_\_\_\_\_\_\_\_\_ Total Number of Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of Participation: Face-to-Face Online Hybrid/Blended

Venue/Platform: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants**:**

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| **NO.** | **NAME OF PARTICIPANT/S** | **POSITION/DESIGNATION** | **OFFICE** | **SIGNATURE** |
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By signing above, I hereby agree and commit myself to participate or attend the above-mentioned training program as approved by the university. I further agree to undertake the following activities as part of the conditions for attending external training on Official Business/Official Time. I understand that this commitment is part of the learning and development strategies of the University to assist me in transferring my learned knowledge, skills, and attitude from the training to my work assignment toward my professional development and contribution to the University’s success.

1. Submit upon my return from training the following:

1.1 Certificate of Participation/Attendance

1.2 Re-entry Action Plan *(for International Training)*

1.3 Learning Application Plan *(for Local Training)*

1. Participate in the Training Effectiveness Assessment scheduled three months from the date of attendance to training.

**Note:** Rescheduling of the training program, cancellation, substitution, and non-attendance of confirmed participants may be made only through written notice to the HRDMO-TAOD Unit of the employees concerned before the scheduled program

Noted:

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Director/Dean