**Control No.**

**Date:**

**TRAINING REQUEST FORM**

|  |
| --- |
| **I. CONTACT INFORMATION** |
| Name:  | Position:  |
| Department:  | Contact Number:  |
| **II. COURSE INFORMATION** |
| Title of Training/Course:  |
|   Face-to-face Training Online Training (e.g. Webinar, Virtual learning, etc.)  |
| Date: | Time: |
| Offered by: | Venue (if face-to-face): |
| Presenter/s: | Target No. of Participants (if applicable): |
| Platform to be used (if online):  |
| Brief Summary of Course Content: |
|   |
|   |
| **III. PURPOSE OF TRAINING** |
| Objective/s: |
|   | To meet current job requirements or duties. |
|   | To meet future Department/Office requirements or duties. |
|   | To meet competency in operating new technologies, procedures, or systems. |
|   | To meet employee career opportunities. |
|   | Others:  |
|   |    |
| **IV. FUNDS AVAILABILITY** |
|  | Funded (please indicate amount)  |
|  Not funded (please indicate amount) Not applicable\**\*Please skip Budget approval and proceed to VP approval* |
| V. **LINE ITEM BUDGET** |
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| **VI. ATTACHMENTS** (may tick more than one) |
|   | Invitation Letter |  | Publication |  Others: |
|   | Endorsement Form |   | TNA Result |   |   |
| **REQUESTED BY:** |  |  |  |  |  |  |  |  |  |
| Director/Office Head/Dean:  |  |  |
|  |
| **RECOMMENDING APPROVAL:** |  |  |  |  |  |  |  |
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|  HRDMO Director Finance Office Director   |
|   |
| Vice President (AF/AA/RES/PQA) |
| **APPROVED:** |
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|  |  |  |  |  |  |  |  |  |  |
|  |   |
| University President |