**Control No.**

**Date:**

**TRAINING REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. CONTACT INFORMATION** | | | | | | | | | | | |
| Name: | | | | | | | Position: | | | | |
| Department: | | | | | | | Contact Number: | | | | |
| **II. COURSE INFORMATION** | | | | | | | | | | | |
| Title of Training/Course: | | | | | | | | | | | |
| Date of Conduct:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Number of Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Training Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Presenter/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **P**  Type of L&D: Training Seminar Webinar Workshop Conference Convention  Symposium Online Short Course Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Mode of Delivery:Face-to-Face Venue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Online Platform\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Hybrid Venue and Platform: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Target Number of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Brief Summary/Rationale of Course: | | | | | | | | | | | |
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| **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 (*please specify)* | | | | | | | | | | |
| **IV. FUNDS AVAILABILITY** | | | | | | | | | | | |
|  | Funded (please indicate amount) | | | | | | | | | | |
| Not funded (please indicate amount)  Not applicable\*  *\*Please skip Budget approval and proceed to VP approval* | | | | | | | | | | | |
| **V. FUNDING REQUEST** *(Please itemize the breakdown of expenditures/ line item budget,* ***if applicable****)* | | | | | | | | | | | |
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| **VI. ATTACHMENTS** *(This TRF must be submitted in four (4) copies along with the following attachments)* | | | | | | | | | | | |
| Learning and Development Plan Resource Speaker Information Form Endorsement Form *(if applicable)*  Instructional L&D Design List of Target Participants Invitation/Request Letter *(if applicable)*  Program of Activities showing time/duration of topics | | | | | | | | | | | |
| *By signing this form, I agree to implement the above-mentioned L&D program as approved by the university. I further agree to submit post-training documents to the OHDRM Training and Organizational Development for proper monitoring, evaluation, and record-keeping.*  **REQUESTED BY:**  Dean/Director/Chairperson/Unit Head | | | | | | | | | | | |
| **RECOMMENDING APPROVAL: FUNDS AVAILABLE:** | | | | | | | | | |  |  |
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| HRDMO Director Finance Office Director | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Vice President (ADMIN/AA/RDE) | | | | | | | | | | | |
| **APPROVED:** | | | | | | | | | | | |
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University President