**RE-ENTRY ACTION PLAN**

**FOR**

**TRAINING, SEMINAR, WORKSHOP PARTICIPATION REPORT**

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| --- |
| NAME OF PARTICIPANT: |
| COLLEGE/OFFICE: COLLEGE OF COMPUTER STUDIES |
| EVENT NAME: |
| EVENT TYPE: ( ) TRAINING ( ) SEMINAR ( ) WORKSHOP ( ) Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| INCLUSIVE DATES: |
| VENUE: |
| NARRATIVE: |
| OBSERVATIONS/LEARNINGS/VALUE OF THE PARTICIPATION: |
| RECOMMENDED FOLLOW-THRU ACTIONS: |
| SUBMITTED BY: |
| ACCEPTED:     |  |  | | --- | --- | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Dean | Date: | |
| AGREED ACTION PLAN: (to be filled-out by the OD) |
| NOTED:   |  |  | | --- | --- | | **DR. MICHAELA P. SAGUN**  VP- Academic Affairs | Date: | |

* *Travel Order (Official Business / Official Time)*
* *Attach Certificate of Training/Attendance/Participation*
* *Cc: HRMDO*