**REQUEST FOR ISSUANCE OF OFFICE ORDER**

DIVISION / FO:

|  |  |
| --- | --- |
| **NAME OF EMPLOYEE/S** |  |
| **REQUEST FOR** | ( ) Subject Matter Expert/ ( ) Technical Assistance  Resource Speaker Services ( ) Authority to Travel  ( ) Nomination to Training ( )Overtime services  ( ) Attendance to Meeting (  ) Liaison Services  ( ) Others: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **FOR AUTHORITY TO TRAVEL** |  |
| **FOR OVERTIME SERVICES**  *(Please check the appropriate option)* | ( ) With Compensatory Overtime Credits  ( ) With Overtime pay (for COS/JO only) |
| **FOR SME/ RS SERVICES OR TECHNICAL ASSISTANCE**  *(Please check the appropriate option)* | TOPIC:  ( ) Nominee is competent to handle the engagement  ( ) Nominee is with the Pool of SMEs  ( ) Engagement is in the exigency of service  ( ) Other Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Requesting agency:  Requesting agency to shoulder :  ( ) Meals  ( ) Travel Expense/s  ( ) Accommodation  ( ) Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TITLE OF TRAINING/WEBINAR/MEETING/**  **ENGAGEMENT** |  |
| **DATE AND TIME**  \**For RS Services, please specify duration (ex. 9:00 AM- 4:00 PM)* |  |
| **VENUE/MODE** |  |
| **RECOMMENDED NATURE OF ENGAGEMENT** | ( ) Official Business  ( ) Official Time |
| **REMARKS (If any)** |  |

**REQUESTED BY: RECOMMENDING APPROVAL:**

**Atty. ERNA T. ELIZAN**

Director III

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*Printed Name and Signature of the Head, Human Resource Division/*

*Immediate Supervisor Assistant Regional Director*

DATE:

**APPROVED:**

**NELSON G. SARMIENTO**

Director IV