



SEMINAR APPLICATION

Application Date: _____

Seminar/Training/Workshop/Conference: _____

(Please write/type the full course title)

Type of Training: () Compliance () Professional Development

Training Category: () Local () Regional () National () International

Date: _____ No. of Day/s: _____

Sponsor/Provider: _____ Venue: _____

(Do not use acronym) Modality: _____

Registration cost: _____ Total amount of Expenses: _____

Breakdown of Expenses:

Request for School Service (For Vehicle Dispatcher)

Driver's Name: _____ Vehicle: _____

Vehicle Dispatcher's Signature

Date

For faculty: If the seminar application is approved, make up classes shall be made relative to my classes that will be affected by my attendance in the said seminar. (Write make up class schedule for verification.)

In signing this application form, I agree to a prompt liquidation of the amount advanced to me within five (5) working days upon my return and must be presented to HRD for indorsement before submission to the Accounting Department. Furthermore, I agree to be a resource speaker in an echo seminar and to submit the following documents to HRD within the same period:

1. Post-Training Report (Evaluation, Action Plan, and Echo Seminar Evaluation)
2. Copies of Materials/Handouts
3. Original Copy of the Certificate of Attendance/Participation

Failure to make this report within the prescribed period is tantamount to my cash advance being charged against my salary.

<i>Name of Applicant</i>	<i>Available FDP</i>	<i>Department/Office</i>	<i>Signature</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

First Endorsement

Reviewed by:

Department Head's Name and
Signature / Date

CARLOS JAYRON A. REMIENDO
Comptroller, Office of the VP for
Finance

MARIA SYLVIA S. AVILA, PhD
Director, Human Resource
Department

Recommending Approval:

Vice President for Academics and Research/Administration/External Relations/Finance
Name and Signature/ Date

APPROVED BY:

NAILA E. LEVERIZA
President/COO

Date: _____