

	QUALITY FORMS		Document Code: HRD-F-SA	
	MANUEL S. ENVERGA UNIVERSITY FOUNDATION		Document Title:	
	An Autonomous University		Seminar Application	
	LUCENA CITY		Page No: 1 of 1	
Department: HUMAN RESOURCE DEPARTMENT			Revision No.: 6	
			Effectivity Date: May 2024	

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:	
_____	CARLOS JAYRON A. REMIENDO	MARIA SYLVIA S. AVILA, PhD
Department Head's Name and Signature / Date	Comptroller, Office of the VP for Finance	Director, Human Resource Department

Recommending Approval: _____
Vice President for Academics and Research/Administration/External Relations/Finance
Name and Signature/ Date

APPROVED BY: _____ **Date:** _____
NAILA E. LEVERIZA
President/COO