



Republic of the Philippines  
Province of Occidental Mindoro  
Municipality of Sablayan  
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OFFICE OF THE MUNICIPAL ADMINISTRATOR

DPCR/IPCR Comments accomplished Coaching forms, What new skills will you need to develop for the future						
<b>Environment Needs</b> 1. What changes or requirements in the industry are relevant to you and to the agency? 2. Are the situations in the environment that will have an impact to your work in terms of learning requirements? (e.g., change from manual to digital workplace)						

PREPARED BY:

Name and Signature

Date: \_\_\_\_\_



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Code: MGSBY-ADMIN-HRD-FORM 3I  
Effectivity Date: August 1, 2024  
Version 1

OFFICE OF THE MUNICIPAL ADMINISTRATOR

EXTERNAL TRAINING REQUEST FORM

Requesting training on/with: (Please Check One): <input type="checkbox"/> Official Time Only <input type="checkbox"/> Allowable Allowances <input type="checkbox"/> Reg. Fee Only <input type="checkbox"/> Reg. Fee & Allowable Allowances				
Employee ID No.	Name of Employee	Position Title/Salary Grade	No. of year/Months in the Position:	Date Hired
Department/Section		Mobile No.	Employment Status	
Brief Job Description of the Employee:				
Title of Training Program/Seminar:			No. of employees who had previously attended the same/similar training/seminar? _____	
Venue of the Program:			Date of Training (Inclusive)	
Course Objective of the Program: _____				
Related to employee's actual function: _____				
Source of Fund: _____				
Employee's Signature:  Signature over Printed Name of Employee			Recommendation:  Signature over Printed Name of Supervisor	
Date of Request			Date Signed	
FOR HUMAN RESOURCE MANAGEMENT DEPARTMENT			Date Received (From Requesting Dept./Office):	
<b>REMARKS:</b> ( ) the requested training is similar or nearly similar to previous ones that is attended by the employee or co-employees. ( ) the requester or nominee has attended recent training but failed to comply or submit requirements to the HRMD upon return to duty (i.e. report of undertakings, echo of learning to co-employees or to other units needing such learning. ( ) applicability of the learning to actual duties based on the certification by the supervisor or monitoring report by training and development section ( ) other remarks (please state): _____				
<b>REQUIREMENTS:</b> This request may be considered provided the requester/nominee/attendee shall comply or submit to HRMD-L&D section upon return-to-work station ( ) Submit a copy of special order authorizing attendance to the program. ( ) Submit a copy of certificate of attendance or completion or program upon return to duty. ( ) Submit summary report of undertakings upon return to duty				
Evaluated by:  <u>Noelyn May V. Santos, MBA</u> Human Resource Development /L&D section	Noted by:  <u>MEDEL Q. BUNDANG</u> HRMO III		Please Check Appropriate action: ( ) Endorsed ( ) deferred upon submission or ( ) Not endorsed compliance of deficiency (see remarks) <b>REMARKS:</b> _____ _____ _____	
Recommending Approval:  <u>NORMAN A. NOVIO, LPT</u> HRDC Chairperson/ Mun. Administrator			Date Signed: _____	
Approved by:  <u>WALTER B. MARQUEZ</u> Municipal Mayor			Date Signed: _____	
Attach the following: (1) Invitation letter/Program				



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**INDIVIDUAL DEVELOPMENT PLAN**

<b>Name:</b>	<b>Gender:</b>
<b>Position:</b>	<b>Division Head:</b>
<b>SG:</b>	<b>Division/Section:</b>
<b>Years in the Position:</b>	<b>Supervisor's Name:</b>
<b>Years in the Agency</b>	<b>Further development is desired or required for this year</b> <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3

**PART A. Performance Assessment and Learning and Development Priorities**

DEVELOPMENT TARGET	OPERATIONAL OBJECTIVE	PERSONAL OBJECTIVE
List of performance gaps to be addressed and/or learning and development interventions needed	Link to specific operational objective(s) of Division/Section/Office Note: Which of the Division/Section/Office objectives, needs and priorities need to be addressed	State personal goals or learning objectives

**PART B. DEVELOPMENT PLAN**

DEVELOPMENT ACTIVITY	SUPPORT NEEDED/INVOLVEMENT OF OTHERS	TRACKING METHOD/COMPLETION DATE
List one or more specific actions you can take to meet an objective. Consider a variety of developmental approaches	List the assistance you will need to accomplish each development activity (resources, feedback, permissions, tools, coaching, other assistance)	How will you track the completion development activities (one or more observable results that will indicate success)?





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Source of Fund _____				
Employee's Signature:		Recommendation:		
Signature over Printed Name of Employee _____ Date of Request _____		Signature over Printed Name of Supervisor _____ Date Signed _____		
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## **Training Needs Analysis**

We are examining the employees' needs and exploring what can be done to provide you with the HR Interventions you need in order to continuously improve the efficiency and effectiveness of your job performance. Please take a few minutes to complete this survey for us to better understand your continuing developmental needs.

Summary data of this survey will serve as a guide in planning the overall activities/HR interventions with you.

**1. What training programs listed below would you like to avail?**

Pls. Check (✓) INTERVENTION

- ☐ Supervisory Development Course Track I (SDC I)
- ☐ Supervisory Development Course Track II (SDC II)
- ☐ Supervisory Development Course Track III (SDC III)
- ☐ Writing and Reportorial Skills
- ☐ Computer Skills
- ☐ Basic Customer Service Skills (BCSS)
- ☐ Values Orientation Workshop (VOW)
- ☐ Gender Sensitivity Training
- ☐ Records Management
- ☐ Clerical-Secretarial Development Course (CSDC)
- ☐ Seminar Workshop on Competency Table Development
- ☐ Others (Please specify) \_\_\_\_\_

**2. How would you like it to be conducted?**

- ☐ Face to Face
- ☐ Webinar
- ☐ Modular
- ☐ Others (Please specify) \_\_\_\_\_

**3. Are you also attending seminars outside LGU on your own expense? ( ) Yes ( ) No**

**4. How many seminar/training/workshop have you attended for each year?**

- ☐ 1 seminar
- ☐ 2-3 seminars per year
- ☐ 4-5 seminars per year
- ☐ 6 and above



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**CERTIFICATION AND COMMITMENT**

This is to certify that my development plan has been discussed with me by my immediate superior. I further commit that will exert time and effort to ensure that my Individual Development Plan is achieved according to the agreed time frames	<b>Employee's Name and Signature:</b>	<b>Date:</b>
This is to certify that I commit to support and ensure that this agreed Individual Development Plan of my staff is achieved according to the agreed time frames.	<b>Department Head's Name and Signature:</b>	<b>Date:</b>