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| **LOCAL TRAINING NOMINATION FORM** | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| *(Parts I and II to be filled up by the Nominee)* | | | | | | | | |  |  |
| **I.** | **Nominee Information** | | |  |  |  |  |  |  |  |
| *Title: (i.e. Mr. Ms. Dr. Atty.)* | |  |  |  |  |  |  |  |  |  |
| *Full Name: (Surname, First Name, Middle Name)* | |  |  |  |  |  |  |  |  |  |
| *Nickname:* | |  |  |  |  |  |  |  |  |  |
| *Sex: (Male or Female)* | |  |  |  |  |  |  |  |  |  |
| *Age:* | |  |  |  |  |  |  |  |  |  |
| *Position:* | |  |  |  |  |  |  |  |  |  |
| *Salary Grade:* | |  |  |  |  |  |  |  |  |  |
| *Office/ Division:* | |  |  |  |  |  |  |  |  |  |
| *Email Address:* | |  |  |  |  |  |  |  |  |  |
| *Mobile Number:* | |  |  |  |  |  |  |  |  |  |
| *Office Number:* | |  |  |  |  |  |  |  |  |  |
| *Address:* | |  |  |  |  |  |  |  |  |  |
| *Dietary Requirements: (Please specify if you have any)* | | | | | | |  |  |  |  |
| *Special Assistance: (If needed)* | | | |  |  |  |  |  |  |  |
| **II.** | **Actual Duties and Responsibilities of the nominee relevant to the training** | | | | | | | | |  |
| * *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* * *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* * *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* * *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* * *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   *(Part III to be filled up by Immediate Supervisor)* | | | | | |  |  |  |  |  |
| **III.** | **Core Function of the Office** | | |  |  |  |  |  |  |  |
| * *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* * *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* * *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* * *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   *This is to certify that I have briefed the nominee of expected output and we have agreed* | | | | | | | | | |  |
| *on how and when he/she will apply the new learning in the work place.* | | | | | | | |  |  |  |

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| --- | --- |
|  | Conforme |
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|  |  |
| **Name of the Immediate Supervisor** | **Name of nominee with Signature** |
|  | |
| **Recommended by:** | |
|  | |
| Director of concerned personnel | |
|  | |
| **Approved by:** | |
|  | |
| Chairperson, Personnel Development Committee | |