



Bicol University  
**HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT OFFICE**  
Legazpi City

**REQUEST FOR TRAININGS/SEMINARS/CONFERENCE/CONVENTION FORM**

*Please note that this form will not be accepted if submitted with incomplete supporting documents.*

**RFT No. (For HRMDO use only):** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_

**I would like to request approval to attend the following activity:**

- ☐ Training
- ☐ Seminar / Workshop / Conference / Convention
- ☐ Mandatory Continuing Professional Education
- ☐ Paper Presentation (*attach PKMD Certificate*)
- ☐ Others, please specify: \_\_\_\_\_

**Title of Activity:** \_\_\_\_\_

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

**With CPD Points:**    ☐ Yes    ☐ No

**Venue:** \_\_\_\_\_

**With Training Needs Survey Form:**    ☐ Yes    ☐ No

*Note: Please attach a copy of the official invitation and/or program.*

\_\_\_\_\_  
(Name & Signature of Employee)

**ACTION:**

Recommending for Approval/Disapproval:

\_\_\_\_\_  
Immediate Supervisor/Department Head

**ACTION OF HRMDO:**

Recommending for Approval/Disapproval:

\_\_\_\_\_  
Reason: \_\_\_\_\_

**Approved/Disapproved:**

\_\_\_\_\_  
Pres/VPs/Dean/Director/Chief/Head of Office

**ACTION OF BUDGET OFFICER**

Travel Expenses in the amount of \_\_\_\_\_ is allowed and charged to:

\_\_\_\_\_  
Name & Signature of Budget Officer

**AFTER TRAINING RE-ENTRY ACTION PLAN SUBMITTED & RECEIVED:**

\_\_\_\_\_  
Name and Signature of Administrative Officer/HRMDO Training Officer

Noted:

\_\_\_\_\_  
Pres/VPs/Dean/Director/Chief/Head of Office