



HUMAN RESOURCE MANAGEMENT OFFICE

REQUEST FOR SEMINAR / WORKSHOP / CONFERENCE (SWC) APPLICATION FORM

Date: _____

I. Requisition

Requisitioning Department : _____
Title of SWC : _____
Sponsoring Group/Agency : _____
Date and Time of SWC (inclusive of travel date) : _____
Venue of SWC : _____
Objective/s of SWC : _____
Budget for SWC : _____

Recommended participants: _____

Endorsed by: _____
Department Head/Date

II. Verification
A. Human Resource Management Office
B. Controllership Department
III. Recommending Approval:
IV. Approved:
POST TRAINING COMMITMENT

IMPORTANT: Please attach invitation to SWC, budget request (BGT FORM 1 of Finance Division) and Substitution Form (if classes will be affected) prior to the date of SWC.

Cc: HRMO, Department Head, Division Head