

**PGH Form No. Q-074025**

**Rev. 03 Eff.3 March 2023**

**PHILIPPINE GENERAL HOSPITAL**

**The National University Hospital**

**University of the Philippines Manila**

**Taft Avenue, Manila**

***PHIC-Accredited Health Care Provider***

***ISO 9001 Certified***

**APPLICATION FOR AUTHORITY TO TRAVEL (PERSONAL PURPOSE)**

|  |
| --- |
| **DETAILS OF APPLICANT** |
| Date of Application  | Name of Applicant |
|  |  |  |  |  |  |  |
| Last Name |  | Given Name |  | Middle Name |  |
| Department/Division/Unit/Office | Email Address | Contact No./Local No. |
|  |  |  |
| Position Title |  | Status of Appointment |
|  |  |  Permanent |  |  Temporary until   |  |  Contractual until   |
|  |  |  |
| **TRAVEL DETAILS** |
| Destination/s |  | Inclusive Dates of Travel (Month-Date-Year) |
|  |  | Date of Departure from the Philippines | Date of Arrival in the Philippines |
|  |  |
| Purpose of Travel  | Provide additional details here and attach supporting documents, if needed: |
|  Leisure/Vacation |  |
|  Others: |
|  |
| Total Funding Amount/Expenses | Funding Source | Type of Leave/s Requested |
|  |  Personal |  |
|  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***I hereby* consent and authorize lawful use of my personal information in accordance with the Data Privacy Law.** ***Further, I hereby declare that my travel will not be directly or indirectly, fully, or partially, funded by private individuals, including suppliers or contractors, with pending requests and/or application/s or future dealings with the Hospital.* [Title III. Section 20. Executive Order No. 77, s. 2019]** |
|  |
| Signature over Printed Name of the Applicant |
| **ENDORSEMENT/RECOMMENDING APPROVAL** |
| **A. IMMEDIATE SUPERVISOR** | **B. HEAD OF DEPT./DIV./OFFICE/UNIT** | **C. CONCERNED DEPUTY DIRECTOR** |
| I hereby certify that the absence of the applicant in the area shall not adversely affect the service. | Favorably Endorsed | Recommending Approval |
|  |  |  |
| Signature/Date | Signature/Date | Signature/Date |
| **D. HRDD ACTION** | **E. ODDA ACTION** |
| Date Received | Period of Leave with Pay | Period of Leave without Pay | Remarks/Action |
|  |   |  |
| Remarks/Action |
| Chief Administrative Officer, HRDD | Deputy Director for Administration |
|  |  |  |
| **Checklist of** **requirements** | [ ] Booking Ticket | [ ] University Clearance (For leave with total duration of 30 days) |
| [ ] Leave Form | [ ] Others: |