Logo, company name

Description automatically generated

**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: | | | | | | | | | | | | | | |