**Application for Official Travel/Special Detail (Local and International)**

For applicants with international destination/s, this will also serve as their application for Authority to Travel.

**NATURE OF APPLICATION**

**Classification Place of Special Detail Mode of Delivery**

Official Time Local Face-to-Face

Official Business International Virtual

With approved request for funding assistance from University/PGH

Hybrid

**APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Appointment Status** | Permanent |
| **Office/Unit** |  |  | Temporary |
| **Designation** |  |  | Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email Address** |  | **Contact No.** |  |

**DETAILS OF APPLICATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Purpose of Application *[PGH Memorandum No. 2023-032]*** | | | | **Period of Actual Event (MM-DD-YYYY)** | | | |
| Personnel Development  (Attendance to Training, Seminar, and other Non-Degree L&D Interventions)  Administrative Duties  (Meetings, gatherings, and assignments relevant to current designation)  Research Work/Dissemination  Non-Degree Fellowship/Clinical Training/Observership  Extension Work  (Community and industry linkages of UP and/or PGH; Invitation as resource speaker, visiting expert, consultant in a particular discipline or field) | | | | Start Date/Time | | End Date/Time | |
|  | |  | |
| **Period of Travel (MM-DD-YYYY)** | | | |
| Start Date | | End Date | |
|  | |  | |
| **Venue, City/District, Country** | | | |
|  | | | |
| **Complete Name of Program**  (Do not abbreviate) |  | | | | | | |
| **Title of Research Paper/ Presentation**  (Use necessary sheet if needed and attach copy of abstract) |  | | | | | | |
| **Estimated Budgetary Requirement (PHP)** |  | **Name of Event Organizer/Institution** | | | | | |
| **Funding Source** | Personal  UP/PGH  Sponsored |  | | | | | |
| Name of grant/sponsor  (if applicable): | | |  | | |
| **PLEASE READ AND COMPLY WITH THE FOLLOWING REQUIREMENTS AND CONDITIONS** | | | | | | | |
| **Required:**  \_\_\_ Program Brochure and/or Letter of Acceptance to the program  \_\_\_ Booking Ticket  \_\_\_ Copy of abstract paper, creative work exhibit, for presentation  \_\_\_ Memorandum of Agreement for Non-Degree Fellowship/Clinical Training/Observership  **Whenever applicable:**  \_\_\_ Copy of the approved letter for funding assistance for applicants with funding sources other than personal (PGH fund, sponsors).  \_\_\_ Cover Letter indicating justification of Special Detail (applicable for applicants with a travel duration of 30 days and above)  \_\_\_ Work Arrangement Form/Certification (For Chairs, Chiefs, Heads, Immediate Supervisors)  \_\_\_ Certification of Intent to Renew signed by Head of Office for those whose appointment will end within one (1) month of the scheduled date of the program  \_\_\_ For applicants whose duration of Special Detail is 30 days and above, secure return service agreement, surety agreement, and University Clearance | | | **By signing this application:**   * I hereby consent and authorize the lawful use of my personal information in accordance with the Data Privacy Law. * I will submit a travel report and Re-entry Action Plan (for applicants whose duration of Special Detail is 30 days and above) to the Human Resource Development Division within ten days upon return to work. * 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] * I hereby declare my intention to render service obligation incurred during the availment of special detail in accordance with the rules of the university.   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **SIGNATURE OVER PRINTED NAME OF THE APPLICANT** | | | | **DATE** |
| **PROCEED TO PAGE 2 FOR THE CHECKLIST OF DOCUMENTARY REQUIREMENTS AND FOR VALIDATION/ENDORSEMENT/APPROVAL. This form should be printed back-to-back on a single sheet (Size A4).** | | | | | | | |

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| **ADDITIONAL REQUIRED INFORMATION FOR OFFICIAL TRAVEL** | | | | | | | | | | | |
| **A. ITINERARY OF TRAVEL** | | | | | | | **B. BREAKDOWN OF BUDGETARY REQUIREMENT (IN PHP)** | | | | |
| **Date and Time** | **Activities** | | | | | | Daily Subsistence Allowance (allowance/ accommodation) | | |  | |
|  |  | | | | | |
| Airfare/Travel Expenses (Roundtrip) | | |  | |
|  |  | | | | | |
| Registration Fee | | |  | |
|  |  | | | | | |
| Others: | | |  | |
|  |  | | | | | |
| ***For applicants with funding sources other than personal (PGH fund, sponsored), attach a copy of the approved letter for funding assistance.*** | | | | |
|  |  | | | | | |
| **C. PURPOSE OF PERSONNEL DEVELOPMENT** | | | | | | | | | | | |
| **Competency to be addressed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reference:** Individual Dev’t Plan Coaching and mentoring session  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **A. ENDORSEMENT FROM OFFICE/UNIT AND CONCERNED DEPUTY DIRECTOR** | | | | | | | | | | | |
| **INTENT TO RENEW APPOINTMENT**  **FOR TEMPORARY EMPLOYEES**  (If Return Service Obligation is required)  This is to certify the unit’s intention to renew the applicant’s appointment until \_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ subject to the qualification standards of the University and the Civil Service. | | | | **STAFFING ARRANGEMENT WHILE ON OFFICIAL TRAVEL/SPECIAL DETAIL** | | | | | | | |
| Duty Schedule  (Day and Time) | | Assigned Personnel/  Officer-in-Charge | | | | | Conforme  (Signature of Assigned Personnel) |
|  | |  | | | | |  |
|  | |  | | | | |  |
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|  | |  | | | | |  |
| **TRAINING OFFICER/**  **IMMEDIATE SUPERVISOR** | | | **CHAIR/CHIEF/HEAD OF**  **OFFICE/UNIT** | | | | | | **DEPUTY DIRECTOR** | | |
| **VALIDATED AND ENDORSED**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name of Training Officer/Immdiate Supervisor | | | **FAVORABLY ENDORSED**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name of Chair/Chief/Head  of Unit/Office | | | | | | **RECOMMENDING APPROVAL**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name of the  concerned Deputy Director | | |
| **B. PERSONNEL CLEARANCE/HRDC ENDORSEMENT** | | | | | | | | | | | |
| **Status of Appointment**  Permanent  Temporary  Others  Date of Initial/Original Appointment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For temporary, duration of appointment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Direct Travel Time [PGH Memo No. 2023-025]**  Direct Travel Time Observed  Leave credits shall be charged on the following dates (Filing of leave form required): | | | | | | **Direct travel time refers to the total number of hours to be spent for the following:**   1. From Permanent Official Station to transportation terminal and vice-versa. 2. Recommended arrival time of the passenger prior to departure of the preferred mode of transportation. 3. Travel time from point of departure to point of arrival including necessary connecting/stopover flights, if there is any. 4. From transportation terminal to place of accommodation and vice-versa. | | | |
| **Return Service Obligation**  Applicable  Not Applicable  Duration of Required Service Obligation: | | ***Personnel Clearance is hereby given*** | | | | | | **HRDC Endorsement (if applicable)**  Action of the PGH HRDC on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at its \_\_\_\_\_\_\_\_ meeting.  **Comments/Remarks:** | | | |
| **Chief Administrative Officer, HRDD** | | | | | |
| **D. APPROVAL** | | | | | | | | | | | |
| **\_\_\_\_ Approved (Local)**  **\_\_\_\_ Recommending Approval (International)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Deputy Director for Administration/**  **Chair, Human Resource Development Committee** | | | | | **Approved (International)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Director** | | | | | | |