**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**

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| --- | --- |
| **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/ObservershipExtension 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/Headof Unit/Office | **RECOMMENDING APPROVAL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature over Printed Name of theconcerned Deputy Director |
| **B. PERSONNEL CLEARANCE/HRDC ENDORSEMENT**  |
| **Status of Appointment** Permanent  Temporary OthersDate 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.
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| **Return Service Obligation** Applicable Not ApplicableDuration 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** |