



MEMORANDUM
Order No. 020
Series of 2023

TO : ALL HEADS OF SERVICES, DIVISIONS,
SECTIONS & UNITS
This ministry

SUBJECT : LEARNING AND DEVELOPMENT PARTICIPATION
REQUEST FORM

DATE : 08 May 2023 | Shawwal 18, 1444

Pursuant to the Learning and Development Policy of this Ministry which was presented by the Administrative Division last Monday, May 2, 2023, all supervisors are hereby directed to disseminate and re-echo to their respective subordinates the guidelines in the implementation of the ***Learning and Development Participation Request Form***.

The mentioned form shall be adapted and utilized by all personnel, regardless of nature of employment, whenever attending any Learning and Development related activity (Training/Workshop/Summit, etc.) outside their official station or online.

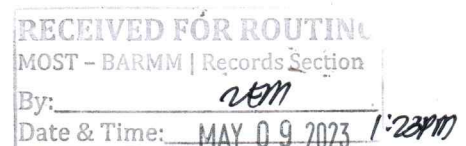
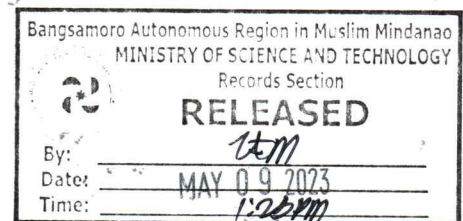
The same shall be accomplished and submitted to the Human Resource Management Section along with the approved Travel Order (if applicable) before attending the activity.

Attached as "Annex A" is the form for your reference.

For information, guidance and compliance.


ENGR. AIDA M. SILONGAN, MAPDS
Minister

Encl.a/s





Republic of the Philippines
Bangsamoro Autonomous Region in Muslim Mindanao
MINISTRY OF SCIENCE AND TECHNOLOGY
Bangsamoro Government Center, Cotabato City



LEARNING AND DEVELOPMENT PARTICIPATION REQUEST FORM

BASIC INFORMATION	PARTICIPANT	OFFICER IN CHARGE
Name of employee:		
Division/Section/Unit:		
Position/Designation:		
Employment Status:		

LEARNING AND DEVELOPMENT ACTIVITY INFORMATION

Title of Learning and Development Activity:			
Date and Venue:		Number of Hours:	
Learning Service Provider:			
Mode of the Activity:	<input type="checkbox"/> Internal L&D Activity	<input type="checkbox"/> External L&D Activity	
Level:	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National <input type="checkbox"/> International
Nature of Participation:	<input type="checkbox"/> Participant	<input type="checkbox"/> Organizer	<input type="checkbox"/> Speaker/ Presenter <input type="checkbox"/> Facilitator
Type of L&D (Managerial /Supervisory/Technical, etc.)			
Is the L&D Activity sponsored by CSC/ a recognized or registered professional organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the nature of the L&D Activity within the participant's job description/office function or field of specialization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the official/employee previously attended an L&D Activity within the last three (3) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If so, please state the following:</i>			
Last L&D Activity attended:			
Date and Venue:			
Post-Training Report Submitted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Post Activity commitments: [a] Re-echo; [b] Post-training report	Signature of the participant:		

APPROVAL

Requested by: _____ <i>Supervisor</i>	Reviewed and verified by: HADJARA A. DAGO <i>HRMO III, HRMS</i>
Funds available: NORIA P. KAMALUDIN <i>Budget Officer III, Budget Section</i>	Recommending Approval: RAMLA S. BITUANAN-LANTONG <i>Chief, Administrative Division</i>

Approved by:

ENGR. AIDA M. SILONGAN, MAPDS
PDC Chairperson