



LEARNING AND DEVELOPMENT INTERVENTION (LDI) REQUEST FORM
 (Conference, Convention, Seminar, Symposium, Fora, Short Course, Training, etc.)

EMPLOYEE INFORMATION	LDI DETAILS
Name of Applicant:	Title of LDI:
Position:	Name of LDI Provider:
Service/ Department/ Section:	Inclusive Dates of LDI:
Relevance of the LDI to the Current Job Function:	Mode of LDI: <input type="checkbox"/> Virtual <input type="checkbox"/> Face to Face <input type="checkbox"/> Blended
	Venue of LDI (if applicable):
	Application for: <input type="checkbox"/> OT <input type="checkbox"/> OB, specify amount: _____

I am aware that I am subject to Level 3 evaluation upon my return to work. I therefore commit to maximize this learning opportunity so that I can contribute to improving/ upgrading the services of our department/ section.

This endorsement shall signify my full support to the applicant's upcoming initiative/s to improving/ upgrading the services of our department/ section as a result of his/her attendance to this LDI.

 Signature over Printed Name of Department/Section Chair

 Applicant's Signature

 Signature over Printed Name of the Service Head

PETU Action

Minimum Requirements	PETU Review
Attached with LDI flyer/ course syllabus / invitation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of years in NCH as permanent employee: _____	
Mission-critical competency or identified as LD need based on the LD plan	
LDI completed for the last three (3) years: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommendation	
Approved for: <input type="checkbox"/> OT <input type="checkbox"/> OB Workplace Application Plan required: <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:	Denied due to:
Reviewed by:	Date:

FMO Action (for OB only)

Approved for: <input type="checkbox"/> OT only (without budget allocation) <input type="checkbox"/> OB (with budget allocation)
Recommending Approval from: _____ Date: _____

MCC Action

Approved for: <input type="checkbox"/> OT <input type="checkbox"/> OB	Denied due to:
Final Approval from: _____ Date: _____	
For HPO creation by HRMO , if applicable. Received by: _____ Date: _____	Process completed – kindly return to PETU. Received by: _____ Date: _____