**RE-ENTRY ACTION PLAN**

**FOR**

**TRAINING, SEMINAR, WORKSHOP PARTICIPATION REPORT**

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| NAME OF PARTICIPANT:  |
| COLLEGE/OFFICE: COLLEGE OF COMPUTER STUDIES |
| EVENT NAME:  |
| EVENT TYPE: ( ) TRAINING ( ) SEMINAR ( ) WORKSHOP ( ) Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| INCLUSIVE DATES:  |
| VENUE: |
| NARRATIVE: |
| OBSERVATIONS/LEARNINGS/VALUE OF THE PARTICIPATION:  |
| RECOMMENDED FOLLOW-THRU ACTIONS:  |
| SUBMITTED BY:  |
| ACCEPTED:

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Dean | Date: |

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| AGREED ACTION PLAN: (to be filled-out by the OD) |
| NOTED:

|  |  |
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| **DR. MICHAELA P. SAGUN**VP- Academic Affairs | Date: |

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* *Travel Order (Official Business / Official Time)*
* *Attach Certificate of Training/Attendance/Participation*
* *Cc: HRMDO*