

University of the Philippines Manila
The Health Sciences Center

Request for Local Special Detail
for 15 days and below
(to be submitted at least five (5) days prior to travel)

College/Unit: _____

Requesting Employee: _____

Date of Travel: _____

Destination: _____

Funding Source: _____

Purpose: _____

Signature of Employee

Date

X=====X

Recommendation of the
Chair/Immediate Supervisor:

() Approved

() Disapproved

Remarks: _____

Approval of the Dean/Head:

Chair

Dean

Date: _____

Date: _____

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