**TEMPLATE FOR REGIONAL PERSONNEL ORDER –**

**ATTENDANCE TO TRAINING**

[Date]

**REGIONAL PERSONNEL ORDER**

No. 2022- \_\_\_\_\_\_\_\_\_\_

**SUBJECT: Authority for Selected MMCHD Personnel to Attend** *(or to Conduct or to Participate in the or to Attend and Conduct)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(indicate the activity)* on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate the date or inclusive dates of the activity)* in/at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate the venue\*)*

(*\*if no venue yet, indicate “Venue to be announced”- this necessitates amendment later)*

The Metro Manila Center for Health Development (MMCHD) through the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate the cluster/section/unit responsible for the conduct of the activity)* will conduct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate the activity, date/inclusive dates, venue)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*indicate the brief rationale for the conduct of the activity)*

Relative to this, the following personnel will be authorized to attend (*or to attend and conduct)* the above-mentioned activity *(if the Director IV is going to attend also, indicate “the following personnel, together with the undersigned, will be authorized to attend the said activity”)* :

1. \_\_\_\_\_\_\_\_\_\_\_\_ (full name) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( official position title)
2. \_\_\_\_\_\_\_\_\_\_\_\_ (full name) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( official position title)

*(if there are Resource Speakers and participants other than the personnel of MMCHD and its retained hospitals/TRCs, indicate “Likewise, Resource Speakers or participants from \_\_\_\_\_\_\_\_\_\_\_\_\_ will be invited to attend the said activity)*

Under this Order, venue, meals and snacks will be provided during the activity *(if the activity will be held in a paid venue outside MMCHD*) OR meals and snacks will be provided during the activity *(if the activity will be held within MMCHD or in a free-of-use venue outside MMCHD)* OR board and lodging accommodation will be provided during the activity *(if it is a live-in activity and will be held in a paid venue).* Furthermore, the above-named MMCHD personnel will be authorized to use any MMCHD official motor vehicles, subject to its availability, to convey them to and from the venue, otherwise, they will be entitled to reimbursement of actual transportation expenses incurred. All expenses for this activity will be charged against \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate the source of funds and the division, e.g PHM-LHSD, RRHFS-RLED, HEPR-HEMU, CONAP-MSSD, etc. No need to mention the specifics indicated in WFP. However, if the source of funds is from a Sub-Allotment Advice (SAA), indicate the SAA Number)*, subject to its availability, and to the usual accounting and auditing rules and regulations.

**RIO L. MAGPANTAY, MD, PHSAE, CESO III**

Director IV

***(Place an initials box on the duplicate copy with pertinent signatories as per MMCHD Memorandum No, 2022-007 dated February 14, 2022)***