

## **CENTRAL PHILIPPINE UNIVERSITY** HUMAN RESOURCE DEVELOPMENT OFFICE

## FACULTY/STAFF POST ACTIVITY REPORT

Name:		
(Family N	Name, First Name, Middle Nam	ne)
Department:	College/Unit:	
Title of Training/Activity:		
Conducted by:		
Venue:	Dates:	Training ID:
<ol> <li>What are the specific Knowledge, A training/seminar/professional meet</li> </ol>		learned in the
A. Knowledge		
B. Attitudes		
C. Skills		
2. How will you be able to transfer you attended to the workplace? Please		seminar/professional meeting
3. What additional assistance, if any, we this training?	will you need to be able to im	nplement what you've learned at
4. Who else from CPU might benefit fr	om the same training?	
5. Recommendations to CPU Training	Program for personnel:	
Cianatura		
Signature		Date
Noted by:		
Department Head / Unit Head	HRD [	Director

- \*\*Attachments: (Please check)

   Photocopy of Certificate of Attendance/Completion

   Training Handouts

CPU-HRD-Form 43 Rev 02 Effectivity: June 1, 2024