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| TESDA-OP-CO-02-F08Rev. No. 00-03/08/17 |
| **REPORT ON CLOSURE PROCEEDINGS** |  |
| **Region : \_\_\_\_\_\_\_\_**  **Province : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Audit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****TVI : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Procedure on Closure Proceedings** |
| **Title of Program/Qualification Level** | **Program Duration** | **PO issues a written communication**  **(1 day)** | **TVI/Company writes reply within prescribed period (5 working days from receipt of written notice)** | **PO issues a letter within 5 working days to TVI/Company to correct deficiencies**  | **PO issues a letter for TVI/Company to correct deficiencies within 15 working days (within 5** **working days)** | **PO sends recommendation to RO for Notice of Program Closure** **(1 day)** | **RO acts on the recommendation (within 5 working days)** | **PO sends letter to the institution to surrender the CTPR within 5 working days (1 day)** | **PO sends copy of Notice of the Program Closure to the Office of Mayor** **(1 day)** | **RO sends report to CO for deletion in the database** **(1 day)** |
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| Prepared by: Recommending Approval: Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PO UTPRAS/Compliance Audit Focal Person Provincial Director Regional DirectorDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |