APPLICATION FOR ADDITIONAL TECHNICAL INTERN OFFER (TIO) INFORMATION SHEET

1. Name of Supervising Organization:	
2. Name of Implementing Organization:	
3. Accreditation Valid Until:	YYYY / Month / Date
4. TIO Used as of	YYYY / Month / Date
Number of Available TIO	
Number of TIO Used	
Number of TIO Request	
5. Name of Sending Organization	
Other Remarks:	
Processing Officer: Date:	
	Noted by: RAMON LAMBERTO C. PASTRANA
	Labor Attaché