



Individual Pass/Time Adjustment Slip

To be filled up by the requesting Employee

ELIZA DIZON

SEPT. 13, 2023

(Printed name of employees and Signature)

Date

Permission is requested to :

☒

Leave the Office premises during office hours from

Intended time of Departure: 3:00 PM

To intended time of Arrival: _____

Time In: 7:48 AM

Core Time (JO): 8:00 AM

☐

Deviate from my fixed time of arrival

from: _____ to: _____

Purpose: ☐ Official ☒ Personal 2hrs.

Reason: _____

To be filled up by the approving authority

Approved by:

MARIA SIENA M. DE LUNA
DIC, PISMU

(Head of Office/Authorized Representative)

To be filled up by HR Personnel

Actual time of Departure: 3:07 PM

Actual time of Arrival : _____

HR Personnel

CERTIFICATION OF APPEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that I attended to Mr./ Ms. _____ of EMB - MIMAROPA Region on _____ a.m./ p.m. when he/ she transacted business with our Agency/ Company.

Signature over Printed Name of
Attending Employee/Position

Date: _____

Name of Agency/ies: _____

Address

Tel no.

In case an employee buys office supplies, said employee shall attach an authentic copy of OR of purchases.