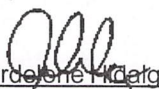

	Subsidiaries and Affiliates		
	<input type="checkbox"/> WGI <input type="checkbox"/> WHI - HO <input type="checkbox"/> WLI <input type="checkbox"/> PRI	<input type="checkbox"/> WHI Carmona <input type="checkbox"/> CCC <input type="checkbox"/> MRDC <input type="checkbox"/> SPAI	<input type="checkbox"/> FMPI/FMTCC <input checked="" type="checkbox"/> PBI <input type="checkbox"/> Others: _____
Form Title: HANDOVER REPORT			

Employee Name: <i>Lourdelene Hidalgo</i>		Date Hired: <i>01-April-2016</i>	
Department: <i>PBI</i>		Leave Date/s: <i>20,21&22-May-2024</i>	
Position: <i>Plant Manager</i>		Leave Return: <i>23-May-2024</i>	
Assignment	Classification P – Pending, may wait until I return U – Urgent, need attention while I'm away	Temporary Stand – in (Full Name)	Acknowledge by: (Signature with date)
<ul style="list-style-type: none"> Product Quality, Quality Audit, Sample Preparation. Projects and PEZA concerns. Production concerns, shipments, overall administrative approval and deliveries. N/F 	<ul style="list-style-type: none"> Urgent Urgent Urgent 	<ul style="list-style-type: none"> Maricel Alibadbad Carlo Jake Valino Kimm Bernese 	13-May-2024 <i>[Signature]</i> 13-May-2024 <i>[Signature]</i> 13-May-2024 <i>[Signature]</i>

I fully understand that I am expected to report for work after the end of date/time I indicated herein. In the event that I am unable to return to W Group or any of its affiliate and be unavailable for work on the indicated date, for reason beyond my control, I will notify my Department Head / Immediate Supervisor by telephone, cellular phone or email. My contact address and contact number while on leave is;

Further, I certify that the reason of leave indicated herein is true and correct to the best of my knowledge. **13 MAY 2024**

 Lourdelene Hidalgo Employee (Signature over Printed Name / Date)	N/A Immediate Head (Signature over Printed Name / Date)	 John L. Wee Department Head (Signature over Printed Name / Date)
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