

	<b>Subsidiaries and Affiliates</b>		
	<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: _____
<b>Form Title:</b> <span style="float: right;"><b>HANDOVER REPORT</b></span>			

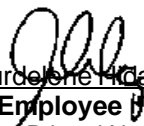
Employee Name: <i>Lourdelene Hidalgo</i>	Date Hired: <i>01-April-2016</i>
Department: <i>PBI</i>	Leave Date/s: <i>11-Jun-2024</i>
Position: <i>Plant Manager</i>	Leave Return: <i>13-Jun-2024</i>

Assignment	Classification  <b>P – Pending</b> , may wait until I return <b>U – Urgent</b> , need attention while I'm away	Temporary Stand – in  <i>(Full Name)</i>	Acknowledge by:  <i>(Signature with date)</i>
<ul style="list-style-type: none"> <li>Product Quality, Quality Audit, Sample Preparation.</li> <li>Projects and PEZA concerns.</li> <li>Production concerns, shipments, overall administrative approval and deliveries.</li> <li>N/F</li> </ul>	<ul style="list-style-type: none"> <li>Urgent</li> <li>Urgent</li> <li>Urgent</li> </ul>	<ul style="list-style-type: none"> <li>Maricel Alibadbad</li> <li>Carlo Jake Valino</li> <li>Kimm Bernese</li> </ul>	<div>10-Jun-2024</div> <div>10-Jun-2024 </div> <div>10-Jun-2024 </div>

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;

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

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