

**Subsidiaries and Affiliates**

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|---|--------------------------------------|--|
| <input type="checkbox"/> WGI | <input type="checkbox"/> WHI Carmona | <input type="checkbox"/> FMPI/FMTCC |
| <input type="checkbox"/> WHI - HO | <input type="checkbox"/> CCC | <input type="checkbox"/> PBI |
| <input checked="" type="checkbox"/> WLI | <input type="checkbox"/> MRDC | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> PRI | <input type="checkbox"/> SPAI | |

Form Title:

HANDOVER REPORT

Employee Name: MINETTE A. TAOPO		Date Hired: March 16, 2023	
Department: WLI -FSR		Leave Date/s: May 27-29, 2024	
Position: FR ANALYST		Leave Return: May 30, 2024	
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)
1. FR Related Task	P – Pending, may wait until I return		Sharmaine Frias Mary Rose Ledesma

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;
09396285503/ via Viber

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

Minette Taopo

Jennifer Valerie La Rosa

Ruben Granado

Employee

(Signature over Printed Name / Date)

Immediate Head

(Signature over Printed Name / Date)

Department Head

(Signature over Printed Name / Date)