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Form Title: OFFICIAL BUSINESS		NESS FORM	MAY 2 202	
	**** TO BE	SUBMITTED 1 DAY BEFORE TH	'E SCHEDULED OB ****	BY: JANSON V. 29 GUER
Name: EMMANUEL ULAN JUDE		Department: ITD	Date Filed: 05/20/25	Date of OB: // /
				y
1. Purpose: CHECKING	OF PC DES	CKTOP OF AA		
Contact Person / Contact No. AMY ANNE TALAGTAG		Destination:	Time In: 1020 H	Time Out: 1149H
2. Purpose: CHECKING	OF OCTV	MOUITORING OF	PECEPTION/10	BBY
Contact Person / Contact No. CELINA UM	АҮАИ	Destination: WGC	Time In:	Time Out:
3. Purpose: CHECKING (OF PRINTER	CONDECTION	The last	
Contact Person / Contact No.		Destination:	Time In:	Time Out: 1713H
4. Purpose:		Total Control of the		
Contact Person / Contact No.		Destination:	Time In:	Time Out:
Prepared by: ANY EL NO ED 100 Employee's signature Signature over Printed Name/Da	(100) (100) EUAN 05/20/24	Approved by: Signature over Printed Name/I		by: HR Analyst - Timekeeping Signature over Printed Name/Date
	(Itemized A	OFFICIAL BUSINESS REF		
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OFFICIAL BUSINESS REPORT (Itemized Activities to be filled out before submitting OB Form)					
ITEMIZED ACTIVITIES	RESULTS (DONE OR PENDING)	SIGNED BY CONTACT PERSON			
1) CHECKING OF PC DESKTOP OF AA	7 ONGOING	- 0000000			
SUD CARD CAUNDT BE READ - TO WAS PULLED OUT TO HEADOFFICE	/				
2) CHECKING OF COTY MODITORING 2) GATHERING OF AGRET TAG OF IT AGRETS	DOUE	Celiva Justine A. Uma os 13. Adm res 13. Mark istans			
3) CHECKING OF PRINTER CONDECTION 3) WINDOWS ACTIVATION / ACT INVENTORY	DODE	Authory Applesongky s			
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Note: OB Form must be submitted 2 days after with attached report/minutes. Failure to accomplish this form completely shall mean non-payment of any expenses incurred by the employee and shall not be honored as official.

TPm (upper	Approved, by:	
	Immediate Head / Head of Business Unit	
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