

**Subsidiaries and Affiliates**

- |                                   |                                      |  |
|-----------------------------------|--------------------------------------|--|
| <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 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:	Marie Kris P. Oblea	Date Hired:	September 5, 2017
Department:	Treasury Department	Leave Date/s:	May 31, 2024
Position:	Treasury Supervisor	Leave Return:	June 3, 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. Process online payments for urgent RFPs (shipping lines/ SW same day).	U	Deborah Macapagal-Macas ✓	[Signature] 5/28/24
2. Double check daily cash position for the availability of funds before proceed to online.	U	Deborah Macapagal-Macas ✓	
3. Prepare fund transfer & bank forms and route to signatories (if any).	U	Deborah Macapagal-Macas ✓	
4. Advise online for approval of JLW in viber group and make sure all online payments are approved/successful.	U	Deborah Macapagal-Macas ✓	
5. Attend to cashier 2-5pm for check releasing.	U	Daiseree Lara ✓	[Signature] 5/28/24

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;  
**09153353740**

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

Marie Kris P. Oblea

Emmylou Mancenido

Esperanza R. Dillera

**Employee**

(Signature over Printed Name / Date)

**Immediate Head**

(Signature over Printed Name / Date)

**Department Head**

(Signature over Printed Name / Date)