



	<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 type="checkbox"/> PBI <input type="checkbox"/> Others: _____
<b>Form Title:</b> <span style="float: right;"><b>HANDOVER REPORT</b></span>			

Employee Name: Rosalie G. Jambalos		Date Hired: July 16, 2015	
Department: WHI Accounting		Leave Date/s: May 24, 2024	
Position: Financial Reporting & Inventory Manager		Date of Return: May 27, 2024	
Assignment	<b>Classification</b> <b>P – Pending</b> , may wait until I return <b>U – Urgent</b> , need attention while I'm away	<b>Temporary Stand – in</b> <i>(Full Name)</i>	<b>Acknowledge by:</b> <i>(Signature with date)</i>
1. Checking and closing in SAP of WHI Production transactions (Primary & Secondary) for May 2024 – ongoing	P		
2. Checking and closing in SAP of PBI Production transactions (Primary & Secondary) for May 2024 – ongoing	P		
3. Preparation of base selling price report – ongoing (deadline June 3, 2023)	P		
4. Inquiry from WHI/PBI Plant Product Cost	P	Josephine E. Galera	 Will be online through skype for urgent queries
5. Provision of Transfer Price to Affiliates	U		

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; 09219585823.

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

 05-21-24 <b>Rosalie G. Jambalos</b> <b>Employee</b> (Signature over Printed Name / Date)	 5/21/24 <b>Josephine E. Galera</b> <b>Immediate Head</b> (Signature over Printed Name / Date)	 <b>Gilbert A. Chua</b> <b>Department Head</b> (Signature over Printed Name / Date)
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