

**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 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: Charlene Sharmaine Frias	Date Hired: March 27, 2017
Department: FSRD	Leave Date/s: June 13-19, 2024
Position: Financial Reporting Officer	Leave Return: June 20, 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)

FR related concerns

P

Jennifer Valerie La Rosa

Mary Rose Ledesma

Minette Taopo

JVF 5/14/2024

MR 05/14/24

MT 5/14/24

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; 09161658605 (viber only).

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

Charlene Sharmaine Frias

**Employee**

(Signature over Printed Name / Date)

Valerie La Rosa / Rubelo Granado

**Immediate Head**

(Signature over Printed Name / Date)

Emelita Ligan

**Department Head**

(Signature over Printed Name / Date)