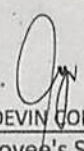
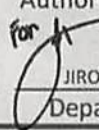

	<b>STAFFERS PROVIDER OF ASIA, INC.</b>	<b>OFFICIAL BUSINESS FORM</b> FR-HRD-22rev08	
(To be submitted 3 days before the scheduled OB)			
<input type="checkbox"/> Training <input type="checkbox"/> Plant Visit <input checked="" type="checkbox"/> Others			
Name <b>DEVIN CORAZA</b>	Department/ Position <b>HR / HR COORDINATOR</b>	Date Filed <b>5/22/2024</b>	Date of OB <b>5/22/2024</b>
<b>1. PURPOSE</b> <div style="text-align: center;">OCULAR VISIT - SPX SOC 4 BULACAN HUB</div>			
Contact Person / Contact No:	Destination : <div style="text-align: center;">SPX SOC 4 BULACAN HUB</div>	IN <div style="text-align: center;">11:00 AM</div>	OUT <div style="text-align: center;">5:00 PM</div>
<b>2. PURPOSE</b>			
Contact Person / Contact No:	Destination :	IN	OUT
<div style="text-align: center;">   <u>DEVIN CORAZA</u>          Employee's Signature       </div>	Authorized by: <div style="text-align: center;">   <u>JIROUS DE GUZMAN</u>          Department Head       </div>	Approved by: <div style="text-align: center;">   <u>EUFROCINA NATURAN</u>          President       </div>	Noted By: <div style="text-align: center;"> <u>CRISANTO DELA CRUZ</u>          Chief of Staff       </div>
<b>OFFICIAL BUSINESS REPORT</b>			
(To be filled out before submitting OB Form)			
<b>ITEMIZED ACTIVITIES</b>	<b>RESULTS</b> (Done or Pending)	<b>SIGNED BY CONTACT PERSON</b>	
OCULAR VISIT - SPX SOC 4 BULACAN HUB	DONE		
Note: Failure to accomplish this form completely and correctly shall mean non-payment of any expenses incurred by the employee and will not be honored as official.			
Immediate Supervisor: _____		Noted by: 