




## Subsidiaries and Affiliates

- |                                   |                                     |  |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> WGI      | <input type="checkbox"/> WHI Camona | <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:	Deborah Macapagal-Macas	Date Hired:	June 22, 2020
Department:	Treasury	Leave Date/s:	June 13-14, 2024
Position:	Treasury Officer	Leave Return:	June 18, 2024

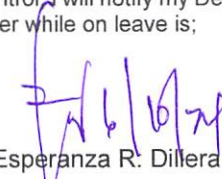
Assignment	Classification  P – Pending, may wait until I return U – Urgent, need attention while I'm away	Temporary Stand – in  (Full Name)	Acknowledge by:  (Signature with date)
1. Process Urgent RFPs (CCC/PBI/MRDC) <ul style="list-style-type: none"><li>Update disbursement monitoring</li><li>Double check if all online payments are successful</li><li>Route bank form to signatories (if any)</li><li>Provide cable copy to requestor (if any)</li></ul> 2. Answer queries and follow ups from suppliers	U	Daiseree Lara / MK Oblea	 9/24/24
3. Close ticket for processed payments.	U		
4. Prepare BIR 2307 for processed payments.	P		
	P		
5. Email advise processed payments	P		

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;

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

  
Deb Macapagal-Macas

  
Emmylou N. Mancenido

  
Esperanza R. Dillera

**Employee**  
(Signature over Printed Name / Date)

**Immediate Head**  
(Signature over Printed Name / Date)

**Department Head**  
(Signature over Printed Name / Date)