

**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: John Eleazar C. German

Date Hired: August 13, 2018

Department: Operation

Leave Date/s: June 18, 2024

Position: Housekeeping Supervisor

Leave Return: June 19, 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)

Conduct Roving Inspection WOI WGC WTCC

U

Rommel Tejada

Check Man power WOI WGC WTCC

U

Rommel Tejada

Update Sbs issues WOI WGC WTCC

U

Rommel Tejada

Monitoring Special projects WOI WGC WTCC

U

Rommel Tejada

Update HK supplies WOI WGC WTCC

U

Rommel Tejada

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;

09935793174

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

Employee

(Signature over Printed Name / Date)

Immediate Head

(Signature over Printed Name / Date)

Department Head

(Signature over Printed Name / Date)