

**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: Mayumi Sandoval	Date Hired: 1981
Department: Research & Development	Leave Date/s: May 15, 2024
Position: Technical Advisor	Leave Return: May 16, 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) Delegation of RPE, SRF, CRR to R&D Specialist (A&P, Americas)
- 2) Delegation of RPE, SRF, CRR to R&D Specialist (MRDC Local, & EMEA)
- 3) RMC Requests, DDW Update and Initial Reviews of CRR and RPE Results
- 4) Receiving and assigning SPE Requests

Pending

Pending

Pending

Pending

Karen Asaldo

Emman Abapo

 05/08/2024 05/08/2024

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.

  
Employee

(Signature over Printed Name / Date)

  
Immediate Head

(Signature over Printed Name / Date)

  
Department Head

(Signature over Printed Name / Date)