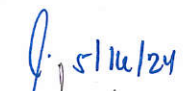

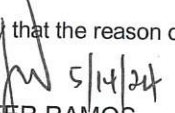
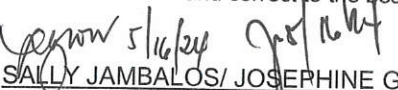

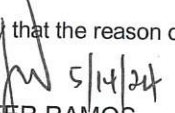
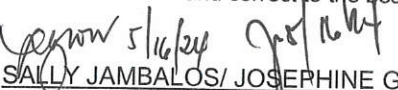

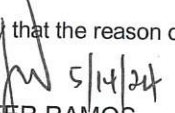
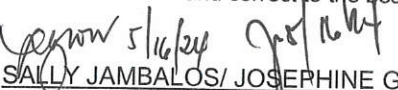



**Subsidiaries and Affiliates**

- | | | |
|-----------------------------------|--------------------------------------|--|
| <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: JENNIFER RAMOS		Date Hired: JUNE 20, 2013				
Department: CCC Accounting		LeaveDate/s: MAY 17, 2024 (Friday)				
Position: Accounting Supervisor		Leave Return: MAY 20, 2024 (Monday)				
Assignment	Classification	Temporary Stand – in (Full Name)	Acknowledge by: (Signature with date)			
1. Delivery/Sales Recording_MAY 2024	P – Pending , may wait until I return					
2. ITR_Q1_2024	P – Pending , may wait until I return					
3. Urgent Invoice printing	U – Urgent , need attention while I'm away	Ms.Lovely/Ms.Archie	 5/16/24			
4. Urgent queries regarding SAP process and other CCC transactions.	U – Urgent , need attention while I'm away	Ms. Ven Camain	 5/17			
<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;</p> <p>VIBER/CP# 0909 2386149</p> <p>Further, I certify that the reason of leave indicated herein is true and correct to the best of my knowledge.</p> <table border="0"><tr><td> JENNIFER RAMOS Employee (Signature over Printed Name / Date)</td><td> SALLY JAMBALOS/ JOSEPHINE GALERA Immediate Head (Signature over Printed Name / Date)</td><td> GILBERT CHUA Department Head (Signature over Printed Name / Date)</td></tr></table>				 JENNIFER RAMOS Employee (Signature over Printed Name / Date)	 SALLY JAMBALOS/ JOSEPHINE GALERA Immediate Head (Signature over Printed Name / Date)	 GILBERT CHUA Department Head (Signature over Printed Name / Date)
 JENNIFER RAMOS Employee (Signature over Printed Name / Date)	 SALLY JAMBALOS/ JOSEPHINE GALERA Immediate Head (Signature over Printed Name / Date)	 GILBERT CHUA Department Head (Signature over Printed Name / Date)				