ANNEX A

ACCOMPLISHMENT REPORT For the Month of <u>AUGUST</u>

FULL NAME : **JOEMARIE DAYON DAMASING**

AREA OF ASSIGNMENT (Office and Address) : **REGISTRAR OFFICE – TALISAY MAIN CAMPUS**

NAME OF SUPERVISOR :

PERIOD COVERED : **AUGUST 16 – 31 2024**

DATE (date/month/year)	ACCOMPLISHMENTS/ACTIVITIES CONDUCTED	MOV's/REMARKS (Links)
16/08/2024	Cleaning	Picture Documentations
17/08/2024	Encoding old files	Picture Documentations
19/08/2024	Filing Files	Picture Documentations
20/08/2024	Encoding old files	Picture Documentations
21/08/2024	Filing Files	Picture Documentations
22/08/2024	Encoding old files	Picture Documentations
23/08/2024	Encoding old files	Picture Documentations
24/08/2024	Filing Files	Picture Documentations

28/08/2024	Filing Files	Picture Documentations
29/08/2024	Filing Enrollment Form	Picture Documentations
30/08/2024	Encoding old files	Picture Documentations
31/08/2024	Encoding old files	Picture Documentations
Prepared by:	Reviewed by:	Noted and Approved by:

Prepared by:	Reviewed by:	Noted and Approved by:
JOEMARIE D. DAMASING		
Beneficiary	Immediate Supervisor	RPMO SWO III