

TO WHOM IT MAY CONCERN:

This is to certify that _____ assigned as _____ from _____ to _____
is cleared of her duties and accountabilities by the following:

CLEARED BY:

REMARKS:

DATE CLEARED:

IMMEDIATE SUPERVISOR

NAME:
MARKETING DEPARTMENT

NAME:
OPERATIONS DEPARTMENT

NAME:
TECHNICAL & SERVICES DEPARTMENT

NAME:
SALES DEPARTMENT

NAME:
FINANCE DEPARTMENT

NAME:
ADMINISTRATIVE ASSISTANT

NAME:
HR DEPARTMENT

MS. JULIE ANN S. GELACIO
Vice President

MR. GILBERT P. GELACIO
President