|  |  |  |
| --- | --- | --- |
| **ACCOUNTABILITIES – TECHNICAL DEPARTMENT** | | |
| Name of the Employee: | SHILYN ANN B. SAMBAS | |
| Department: | ACCOUNTING DEPARTMENT | |
| Position: | ACCOUNTING SUPERVISOR | |
| This declaration is issued to confirm that as of the effective resignation date, we declare that **SHILYN ANN B. SAMBAS**  does not hold any accountability or responsibility within the Technical Department. All tasks, projects, and responsibilities previously assigned to his/her have been either completed, transferred, or reassigned according to company protocols. | | |
| **Acknowledgement** | | |
| Technical Manager:  ENGR. REY CHRISTOPHER A. ALIPE | | Signature and Date: |