

FOR DAILY LOCATOR Individual Pass/Time Adjustment Slip			
To be filled up by the requesting employee			
(Printed name of employee and signature) _____		Date _____	
Permission is requested to:			
<input type="checkbox"/> Leave the office premisses during office hours from:			
Intended time of Departure _____		_____	
To intended time of Arrival _____		_____	
Purpose	<input type="checkbox"/> Official	<input type="checkbox"/> Personal	_____
Reason:			

To be filled up by the approving authority			
Approved by:			
NOL COLLERA (Head of Office/Authorized Representative)			
To be filled up by the guard			
Actual Time of Departure _____			
Actual Time of Arrival _____			

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Approved by:			
NOL COLLERA (Head of Office/Authorized Representative)			
To be filled up by the guard			
Actual Time of Departure _____			
Actual Time of Arrival _____			

CERTIFICATION OF APPEARANCE	
TO WHOM IT MY CONCERN:	
This is to certify that I attended to Mr./Mrs. _____	
_____ of the City Government of Calapan	
on _____	at _____ am/pm when
he/she transacted business with our Agency/Company.	

<i>Signature over Printed Name of Attending Employee/Position</i>	
Date: _____	
Name of Agency/ies _____	
Address _____	
Tel. No. _____	
In case an employee buys office supplies, said employee shall attach an authenticated copy of OR of purchase.	

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