

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: <div style="text-align: center; margin-top: 10px;"> DENNIS ESCOSORA (Head of Office/Authorized Representative) </div>		
To be filled up by the guard		
Actual Time of Departure _____		
Actual Time of Arrival _____		

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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.	
<div style="text-align: right; margin-top: 20px;"> _____ <i>Signature over Printed Name of</i> <i>Attending Employee/Position</i> </div>	
<div style="text-align: right; margin-top: 20px;"> Date: _____ </div>	
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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