

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 premises during office hours from:		
Intended time of Departure _____			_____
To intended time of Arrival _____			_____
Purpose		Official	Personal
Reason: _____			
To be filled up by the approving authority			
Approved by: <div style="text-align: center; margin-top: 10px;"> RONALD F. CANTOS, DPA (Head of Office/Authorized Representative) </div>			
To be filled up by the guard			
Actual Time of Departure _____			
Actual Time of Arrival _____			

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 style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	Leave the office premises 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;"> RONALD F. CANTOS, DPA (Head of Office/Authorized Representative) </div>			
To be filled up by the guard			
Actual Time of Departure _____			
Actual Time of Arrival _____			

CERTIFICATION OF APPEARANCE	
TO WHOM IT MY CONCERN:	
<p> 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. </p>	
<div style="border-top: 1px solid black; margin-top: 20px; min-height: 40px;"></div> <p> <i>Signature over Printed Name of Attending Employee/Position</i> </p>	
<p>Date: _____</p>	
<p>Name of Agency/ies _____</p>	
<p>Address _____</p>	
<p>Tel. No. _____</p>	
<p>In case an employee buys office supplies, said employee shall attach an authenticated copy of OR of purchase.</p>	

CERTIFICATION OF APPEARANCE	
TO WHOM IT MY CONCERN:	
<p> 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. </p>	
<div style="text-align: right;"> _____ <i>Signature over Printed Name of</i> <i>Attending Employee/Position</i> </div>	
<div style="text-align: right;"> Date: _____ </div>	
Name of Agency/ies _____	
Address _____	
Tel. No. _____	
<p> In case an employee buys office supplies, said employee shall attach an authenticated copy of OR of purchase. </p>	