

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;"> DARWIN PEREZ (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 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;"> DARWIN PEREZ (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:	
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</i> <i>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.	

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</i> <i>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.	