

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:

Leave the office premises
during office hours from:

Intended time of Departure

To intended time of Arrival

Purpose	Official	Personal
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Reason:

To be filled up by the approving authority

Approved by:

JOANE LEYNES

(Head of Office/Authorized Representative)

To be filled up by the guard

Actual Time of Departure

Actual Time of Arrival

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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.

*Signature over Printed Name of
Attending Employee/Position*

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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