

**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

<b>Purpose</b>	Official	Personal
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Reason:

**To be filled up by the approving authority**

Approved by:

RONALD F. CANTOS, DPA  
(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.

*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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