

<b>FOR DAILY LOCATOR</b> Individual Pass/Time Adjustment Slip		
<b>To be filled up by the requesting employee</b>		
(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 _____		_____
<b>Purpose</b>	<input type="checkbox"/> Official	<input type="checkbox"/> Personal
Reason:		
_____		
<b>To be filled up by the approving authority</b>		
Approved by: <div style="text-align: center; margin-top: 10px;">   <b>JOANE LEYNES</b>              (Head of Office/Authorized Representative)           </div>		
<b>To be filled up by the guard</b>		
Actual Time of Departure _____		
Actual Time of Arrival _____		

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

<b>CERTIFICATION OF APPEARANCE</b>	
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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