

<b>FOR DAILY LOCATOR</b> <b>Individual Pass/Time Adjustment Slip</b>	
<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 premises 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: 	
<b>PATRICK D. CUSI</b> (Head of Office/Authorized Representative)	
<b>To be filled up by the guard</b>	
Actual Time of Departure _____	
Actual Time of Arrival _____	

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<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.	
_____ <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.	

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