

<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 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:			
(Head of Office/Authorized Representative)			
<b>To be filled up by the guard</b>			
Actual Time of Departure _____			
Actual Time of Arrival _____			

<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 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:			
(Head of Office/Authorized Representative)			
<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 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.	

<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 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.	