**LOCATOR SLIP**

|  |  |
| --- | --- |
| Office / Division / School: |  |
| Date of Filling: |  |
| Name: |  |
| Permanent Station: |  |
| Position / Designation: |  |
| Purpose |  |
| Please Check | 🞏 Official Business | 🞏 Official Time | 🞏 Personal |
| Destination: |  |
| Date and Time of Event/ Transaction/Meeting: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Requesting Official / EmployeeDate signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Approved:🞏 Disapproved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Head of Office or his/her Authorized RepresentativeDate signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **To be signed by Guard on Duty:** |
| Time of Departure: |  | Time of Arrival: |  |
| Signature over Printed Name of Guard on Duty |  | Signature over Printed Name of Guard on Duty |  |

**C E R T I F I C A T I O N**

This is to certify that the above employee appeared in this Office for the above purpose.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature over Printed Name Position Date

***(Note: This portion shall be filled out by the Official/authorized personnel of the Office visited.)***

*\*The accomplished and signed Locator Slip shall serve as the authority to travel.*



So. Dapi, Brgy. Payompon, Mamburao, Occidental Mindoro

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