**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 / Employee  Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 🞏 Approved:  🞏 Disapproved:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Head of Office or his/her  Authorized Representative  Date 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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