

Republic of the Philippines

Department of Education

CORDILLERA ADMINISTRATIVE REGION

**SCHOOLS DIVISION OF BAGUIO CITY**

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

**LOCATOR SLIP**

DIVISION/OFFICE/SCHOOL:

|  |  |
| --- | --- |
| NAME |  |
| POSITION/DESIGNATION |  |
| PERMANENT STATION |  |
| PURPOSE(must be supported by attachments) |  |
| PLEASE CHECK |  Official Business Official Time |
| DATE AND TIME |  |
| DESTINATION |  |
| Signature of Requesting Official/EmployeeDate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved:Head of Office/Authorized OfficialDate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **CERTIFICATION**This is to certify that the above-named employee appeared in this Office for the above purpose/s.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency/Office | Arrival | Departure | Name | Position | Signature |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***(Note: This Portion shall be filled out by the Official/authorized personnel of the office visited.)*** |

\*Personal Copy



Republic of the Philippines

Department of Education

CORDILLERA ADMINISTRATIVE REGION

**SCHOOLS DIVISION OF BAGUIO CITY**

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

**LOCATOR SLIP**

DIVISION/OFFICE/SCHOOL:

|  |  |
| --- | --- |
| NAME |  |
| POSITION/DESIGNATION |  |
| PERMANENT STATION |  |
| PURPOSE(must be supported by attachments) |  |
| PLEASE CHECK |  Official Business Official Time |
| DATE AND TIME |  |
| DESTINATION |  |
| Signature of Requesting Official/EmployeeDate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved:Head of Office/Authorized OfficialDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **CERTIFICATION**This is to certify that the above-named employee appeared in this Office for the above purpose/s.

|  |  |  |  |
| --- | --- | --- | --- |
| Agency/Office | Name | Position | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***(Note: This Portion shall be filled out by the Official/authorized personnel of the office visited.)*** |

\*Office Copy