

Republic of the Philippines

Department of Education

REGION V SCHOOLS DIVISION OF MASBATE CITY

LOCATOR SLIP

DIVISION/SCHOOL:				
DATE OF FILLING:				
NAME:				
POSITION/				
DESIGNATION:				
PERMANENT STATION:				
PURPOSE:				
PLEASE CHECK:	OFFICIAL BUSINESS OFFICIAL TIME			
DESTINATION:				
DATE & TIME OF EVENT/TRANSACTION/ MEETING				
To be filled up by the Security Guard:	Time of Departure:			
, and the second	Time of Ret	turn:		
REQUESTING EMPLOYEE:		APPROVI	ED:	
Signature of Requesting Employee		FATIMA D. BUEN, CESO VI OIC Schools Division Superintendent		
DATE:		DATE:		
CERTIFICATION				
This is to certify that the above employee appeared in this Office for the purpose.				
Signature Over Printed Na	ame	Position	on Date	



Address: Jolly T. Fernandez Avenue, City of Masbate 5400 **Contact No:** (056) 3336142, 09388657680, 09508860381

Email Address: masbate.city@deped.gov.ph **Web:** http://www.depedmasbatecity.com