



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:	<input type="checkbox"/> OFFICIAL BUSINESS <input type="checkbox"/> OFFICIAL TIME	
DESTINATION:		
DATE & TIME OF EVENT/TRANSACTION/ MEETING		
To be filled up by the Security Guard:	Time of Departure:	
	Time of Return:	
REQUESTING EMPLOYEE:	APPROVED:	
_____	FATIMA D. BUEN, CESO VI	
Signature of Requesting Employee	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 Name	Position	Date

