

Republic of the Philippines
Province of Pangasinan
MUNICIPALITY OF MANGALDAN
OFFICE OF THE HUMAN RESOURCE MANAGEMENT

_____ Date

L O C A T O R S L I P

Please be informed that I intend to leave the office at _____ AM/PM on _____ 20____
to be at _____ for the purpose of _____

and will be back at _____ AM/PM on _____ 20____.

_____ Name of Employee

_____ Official

_____ Personal

1 copy for **Division Concerned**
1 copy for **HRMO**

Approved: _____

Chief: _____

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