IFUGAO STA	O MONTHINGS AT THE PROPERTY OF	PERSONNEL LOCATOR SLIP		
Name: (Last)	(First) (M.I.)	Date of Filing:		
Position/Designation:		Department/College:		
Destination:		Date:		
Official Business/Time: (Please specify)				
Personal: (Please specify)				
		Approved by:		
 Nar	ne and Signature of Employee	Name and Signature of Immediate Supervisor		
To be filled up by guard on duty: (Please leave this form to the Guard on duty for submission to the DHRD Office)				
Time of Departure: Name & Signature of Guard or		Duty / PACD Officer:		
Time of Arrival:	ne of Arrival: Name & Signature of Guard on Duty / PACD Officer:			
		DHRD Form/flp'1:		

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Position/Designation:			Department/College:		
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			Approved by:		
Name and Signature of Employee			Name and Signature of Immediate Supervisor		
To be filled up by guard on duty: (Please leave this form to the Guard on duty for submission to the DHRD Office)					
Time of Departure:	ime of Departure: Name & Signature of Guard on Duty / PACD Officer:				
Time of Arrival: Name & Signature of Guard on Duty / PACD Officer:					