

		PERSONNEL LOCATOR SLIP	
Name: (Last) _____ (First) _____ (M.I.) _____		Date of Filing: _____	
Position/Designation: _____		Department/College: _____	
Destination: _____		Date: _____	
<input type="checkbox"/> Official Business/Time: (Please specify) _____ <input type="checkbox"/> Personal: (Please specify) _____			
_____ 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: _____ Name & Signature of Guard on Duty / PACD Officer: _____ Time of Arrival: _____ Name & Signature of Guard on Duty / PACD Officer: _____			

DHRD Form/flp'19

 		PERSONNEL LOCATOR SLIP	
Name: (Last) _____ (First) _____ (M.I.) _____		Date of Filing: _____	
Position/Designation: _____		Department/College: _____	
Destination: _____		Date: _____	
<input type="checkbox"/> Official Business/Time: (Please specify) _____ <input type="checkbox"/> Personal: (Please specify) _____			
_____ 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: _____ Name & Signature of Guard on Duty / PACD Officer: _____ Time of Arrival: _____ Name & Signature of Guard on Duty / PACD Officer: _____			

DHRD Form/flp'19