



Republic of the Philippines
Department of Education

<u>LOCATOR SLIP</u>		
REGION IV-A (CALABARZON)-DIVISION/SCHOOL:		
DATE OF FILING	Click here to enter a date.	
NAME		
PERMANENT STATION		
POSITION/ DESIGNATION		
PURPOSE		
PLEASE CHECK	<input type="checkbox"/> Official Business <input type="checkbox"/> Official Time	
DESTINATION		
DATE AND TIME OF EVENT/ TRANSACTION/ MEETING		
<hr/> Signature of Requesting Official/Employee Date: _____	Approved: <hr/> Head of Office or his/her Authorized Representative Date: _____	
C E R T I F I C A T I O N		
This is to certify that the above employee appeared in this Office for the above purpose.		
_____ <i>Signature over printed name</i>	_____ <i>Position</i>	_____ <i>Date</i>
(Note: This portion shall be filled out by the Official/authorized personnel of the Office visited.)		

*The accomplished and signed Locator Slip shall serve as the authority to travel.