

PASS SLIP

NAME: _____ DATE: _____
DEPARTMENT: _____

Permission is requested to leave the office during office hours:

Purpose: _____ Official _____ Personal

State Reason (s):

Time of Departure : _____
Expected Time of Return: _____

Signature

Department Head

Approved:

MARIETTA A. MONTEZOR
Municipal HRMO

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Municipal HRMO

CERTIFICATE OF APPEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that MR. / MRS. _____, _____
(Position)

of LGU- Calabanga, Camarines Sur personally appeared in this office/agency/barangay on the following date(s) and purpose(s):

DATE	NAME & ADDRESS OF AGENCY	PURPOSE(S)	SIGNATURE OVER PRINTED NAME OF AGENCY'S AUTHORIZED OFFICIAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*To be accomplished in duplicate copy:
Original Copy- Personal Copy
Duplicate Copy- To be submitted to HRMO*

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EDUARDO A. SEVERO
Municipal Mayor

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EDUARDO A. SEVERO
Municipal Mayor