REVISED ANNEX E

Republic of the Philippines
Department of Education

LOCATOR SLIP

NAME		
Position/Designation		
Permanent Station		
Purpose of Travel (must be supported by attachments)		
Please Check	☐ Official Business	☐ Official Time
Date and Time		
Destination		
Signature of Requesting Employee		Signature of Head of Office

CERTIFICATION

To the concerned:

This is to certify that the above-named DepEd official/personnel has visited or appeared in this Office/place for the purpose and during the date and time stated above.

Name and Signature:
Position/Designation:
Office: