

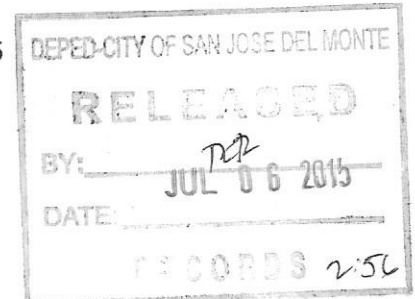


Republic of the Philippines
DEPARTMENT OF EDUCATION
Region III
DIVISION OF CITY SCHOOLS
City of San Jose del Monte



website: www.depedcsjdm.webs.com / e-mail: deped_csjdm@yahoo.com / telefax: (044) 815-2815

02 July 2015



DIVISION MEMORANDUM

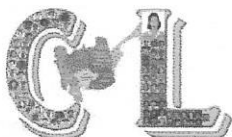
No. 103, s. 2015

To: OIC - ASDS
Division Chiefs
Education Program Supervisors
Public Schools District Supervisors
Unit Heads
All Others Concerned

GUIDELINES ON THE IMPLEMENTATION OF THE LOCATOR'S SLIP

1. For the information and guidance of all concerned, attached is the *Locator's Slip* to be accomplished by schools division office employees when they leave on official business.
2. The form is to be completed in triplicate **before** the concerned personnel leaves – 1 copy to be left with the immediate supervisor, and the second and third copies to be brought for signature as proof of appearance. Upon return to Office, one copy of the signed locator's slip is to be submitted to the HRMO.
3. The approved locator's slip serves as travel authority **within the Schools Division only**.
4. The concerned personnel is expected to include in his/her monthly accomplishment report an account of objectives attained during the visit when the locator's slip was used.
5. For wide dissemination and compliance.


GERMELINA H. PASCUAL
Schools Division Superintendent



*“Commitment-Driven Performance by our Leaders,
Character-Based Instruction for our Learners”*





Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region III
DIVISION OF CITY SCHOOLS
 City of San Jose del Monte



LOCATOR's SLIP

(To be filled up in triplicate for HRMO, SDS, Personal copy)

NAME (Last) (First) (Middle)				EMPLOYEE NO.	POSITION	
UNIT/ DIVISION				DATE		
Time OUT	Time IN	Immediate Superior's Initial	HRMO's Initial	Location	Purpose	Appearance certified by

Employee's Signature:

Approved:

GERMELINA H. PASCUAL
 Schools Division Superintendent



Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region III
DIVISION OF CITY SCHOOLS
 City of San Jose del Monte



LOCATOR's SLIP

(To be filled up in triplicate for HRMO, SDS, Personal copy)

NAME (Last) (First) (Middle)				EMPLOYEE NO.	POSITION	
UNIT/ DIVISION				DATE		
Time OUT	Time IN	Immediate Superior's Initial	HRMO's Initial	Location	Purpose	Appearance certified by

Employee's Signature:

Approved:

GERMELINA H. PASCUAL
 Schools Division Superintendent