

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	<input type="checkbox"/> Official Business <input type="checkbox"/> Official Time
Date and Time	
Destination	
<hr/>	<hr/>
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: