



ANNEX B

Republic of the Philippines
Department of Education

LOCATOR SLIP

REGION:

BUREAU/DIVISION/SCHOOL:

DATE OF FILING

NAME

PERMANENT STATION

POSITION/ DESIGNATION

PURPOSE

PLEASE CHECK

Official Business

Official Time

DESTINATION

DATE AND TIME OF EVENT/ TRANSACTION/ MEETING

Approved:

 Signature of Requesting
 Official/Employee

 Head of Office or his/her Authorized
 Representative

Date: _____

Date: _____

AB

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.

Signature over printed name

Position

Date

(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.

