



HRMO-019-0

### PROVINCIAL GOVERNMENT OF ILOCOS NORTE OFFICIAL BUSINESS TIME KEEPING SLIP

DATE REQUESTED: \_\_\_\_\_ ID NO: \_\_\_\_\_

Name: \_\_\_\_\_

**Period Covered:**

FROM:	TO:
Date:	Date:

<b>Time (Destination):</b>			
AM-in	AM-out	PM-in	PM-out

**Destination Particulars**

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_ Contact No: \_\_\_\_\_

Company: \_\_\_\_\_

Purpose: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved  Denied

\_\_\_\_\_  
Supervisor's Signature



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