HRMO-019-0 PROVINCIAL GOVERNMENT OF ILOCOS NORTE OFFICIAL BUSINESS TIME KEEPING SLIP DATE REQUESTED: _____ ID NO: _____ Name: _ **Period Covered:** FROM: TO: Date: Date: Time (Destination): PM-in PM-out **Destination Particulars** Contact Person: _____ Position: _____ Contact No: _____ Company: _____ Purpose: ___ Signatutre:

Supervisor's Signature

Denied

Approved

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PROVINCIAL GOVERNMENT OF ILOCOS NORTE OFFICIAL BUSINESS TIME KEEPING SLIP					
DATE REQUESTED:	REQUESTED: ID NO:				
Name:					
Period Covered:					
FROM:	TO:				
Date:	Date:				
Time (Destination):					
AM-in AM-out	PM-in	PM-out			
Destination Particulars	Destination Particulars				
Contact Person:					
Contact Person: Contact No:					
Company:					
Purpose:					
Signatutre:					
Approved	Denied				
	r's Signature				

DATE REQUES	TED:	ERNMENT OF ILC SS TIME KEEPING ID!	3 SLIP NO:	
FROM: Date:		TO: Date:		
Time (Destina AM-in	tion): AM-out	PM-in	PM-out	
Destination Particulars Contact Person: Position: Company: Purpose: Signature:				
Approved Denied Supervisor's Signature				

Supervisor's Signature					
Sign No.		HRMO-019-0			
PROVINCIAL GOVERNMENT OF ILOCOS NORTE OFFICIAL BUSINESS TIME KEEPING SLIP					
DATE REQUESTED:					
Name:					
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FROM:	TO:				
Date:	Date:				
Time (Destination): AM-in AM-out	PM-in	PM-out			
Destination Particulars					
Contact Person:					
Position: Contact No:					
Company:					
Purpose:Signature:					
Approved Denied					
Supervisor's Signature					