

## **LOCATOR SLIP**

Purpose: (Please check the appropriate box)			Date:			
☐ Official Business ☐ Personal			Date.	Date.		
Destination:			·			
Reason:						
Time of Departure:		Time o	f Arrival/Returr	1:		
Name / Signature of Guard on Duty:		Name / S on Duty:	ignature of Guard			
Requested by:		Appro	ved by:			
Signature over Printed Name		Signature over Printed Name				
orm No.: TSU-EWU-SF-15	Revision No.: 00		Effectivity Date: C	October 06, 2023	Page 1 of 1	

ALIS SA STAND	TARLAC STATE UNIVERSITY OFFICE OF HUMAN RESOURCE DEVELOPMENT & MANAGEMENT EMPLOYEE WELFARE UNIT
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