

LOCATOR SLIP
(For MOA and JO Workers Only)

1. OFFICE/AGENCY 2. NAME (LAST) 3. FIRST 4. MIDDLE NAME

5. DATE OF FILLING 6. POSITION 7. MONTHLY SALARY

DETAILS OF APPLICATION

8. a) Type of leave

- Vacation
- To seek employment
- Others (specify) _____

8. b) WHERE LEAVE WILL BE SPENT

1. IN CASE OF VACATION

- within in Philippines
- abroad (specify): _____

- Sick
- Maternity
- Others (specify) _____

2. IN CASE OF SICK LEAVE

In Hospital (specify)

Outpatient (specify)

8. c) NUMBER OF WORKING DAYS
APPLIED FOR: _____

INCLUSIVE DATES:

Printed Name and Signature of Employee

Division Chief