

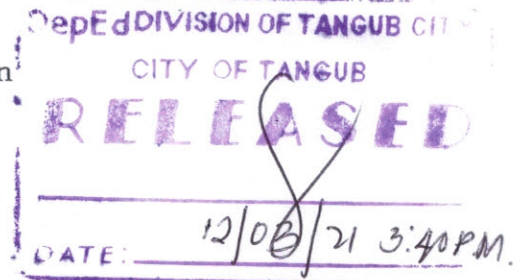


December 3, 2021

DIVISION MEMORANDUM
No. 35 s. 2021

REITERATION OF GUIDELINES ON THE USE OF PASS SLIP

To: Chief, School Governance and Operations Division
Chief, Curriculum Implementation Division
District In- Charge
Public Elementary and Secondary School Head
This Division



1. Section 1 of Omnibus Rules Implementing Book V of Executive Order No. 292 states, "it shall be the duty of agency to require all officers and employee under him/his to strictly observe the prescribed office hours." Accordingly, this Office reiterates the guidelines on the use of Pass Slip which will take effect immediately to ensure close monitoring of the whereabouts of the employees during office hours.
2. All employees shall accomplish the Pass Slip upon leaving the premises of their respective offices/school. The application of Pass Slip will be done 30 minutes before the expected time of leaving.
3. A copy of the duly accomplish Pass Slip shall be submitted by the concerned personnel to the Guard – on- duty upon leaving the premises. Guard -on- duty will take charge in keeping the pass slip and this will be submitted every 1st day of the month to the admin office for consolidation.
4. Attached is the prescribed format of Pass Slip.
5. Immediate dissemination of this Memorandum to all concerned is enjoined.

AGUSTINES E. CEPE, CESO V
Schools Division Superintendent

AEC/ drd 12-03-21



Security Guard's Copy

PASS SLIP

Date: _____

Name of Personnel: _____

Office/School : _____

Designation: _____

Purpose of Travel / Going Out: _____

Specific Destination: _____

Nature of Travel:
 Official Personal

Time of departure: _____

(To be filled out by the security guard on duty)

Time of arrival/return: _____

(To be filled out by the security guard on duty)

Name and Signature of Personnel

Approved:

Administrative Officer V

Name and Signature of Representative from
Company / Institution Being Visited

Personnel's Copy

PASS SLIP

Date: _____

Name of Personnel: _____

Office/School : _____

Designation: _____

Purpose of Travel / Going Out: _____

Specific Destination: _____

Nature of Travel:
 Official Personal

Time of departure: _____

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PASS SLIP

Date: _____

Name of Personnel: _____

Office/School : _____

Designation: _____

Purpose of Travel / Going Out: _____

Specific Destination: _____

Nature of Travel:
 Official Personal

Time of departure: _____

(To be filled out by the security guard on duty)

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