



TARLAC STATE UNIVERSITY
Human Resource Development and Management Office

LOCATOR SLIP

Purpose: (Please check the appropriate box) <input type="checkbox"/> Official Business <input type="checkbox"/> Personal		Date:	
Destination:			
Reason:			
Time of Departure:		Time of Arrival/Return:	
Name / Signature of Guard on Duty:		Name / Signature of Guard on Duty:	
Requested by: _____		Approved by: _____	
Signature over Printed Name		Signature over Printed Name	



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