

MARIKINA POLYTECHNIC COLLEGE  
Sta. Elena, Marikina City

**LOCATOR SLIP**  
**(Faculty and Department)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Time of Departure: \_\_\_\_\_

Time of Return: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Employee

Recommending Approval:

\_\_\_\_\_  
Department Head/Dean

Approved:

\_\_\_\_\_  
Vice President for Academic Affairs

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Name and Signature

of person Visited: \_\_\_\_\_

Position: \_\_\_\_\_

Agency: \_\_\_\_\_

Contact No.: \_\_\_\_\_

\*One copy should be left with the Security Guard on Duty before going out of the Campus. The Locator slip with the name and signature of the person visited should be submitted to the Director for Administration and Finance upon return to MPC.