



Republic of the Philippines
Provincial Government of Zamboanga del Norte

INDIVIDUAL DTR ADJUSTMENT ENTRY SLIP

Control No. : _____

Office : _____

Employee's Name : _____

ID No. : _____

Reason for missing the biometric : _____

Supporting Document : _____

Complying for : [] Time-In [] Time-Out

Date : _____

Time : _____

Employee's Signature : _____

Approved by: _____

Chief of Office/Authorized Signatory

(For eGHRMIS desk personnel)

Date Received: _____ By: _____

Action Taken: _____ Date: _____ Time: _____

Authorized Signatory: _____



Republic of the Philippines
Provincial Government of Zamboanga del Norte

INDIVIDUAL DTR ADJUSTMENT ENTRY SLIP

Control No. : _____

Office : _____

Employee's Name : _____

ID No. : _____

Reason for missing the biometric : _____

Supporting Document : _____

Complying for : [] Time-In [] Time-Out

Date : _____

Time : _____

Employee's Signature : _____

Approved by: _____

Chief of Office/Authorized Signatory

(For eGHRMIS desk personnel)

Date Received: _____ By: _____

Action Taken: _____ Date: _____ Time: _____

Authorized Signatory: _____



Republic of the Philippines
Provincial Government of Zamboanga del Norte

INDIVIDUAL DTR ADJUSTMENT ENTRY SLIP

Control No. : _____

Office : _____

Employee's Name : _____

ID No. : _____

Reason for missing the biometric : _____

Supporting Document : _____

Complying for : [] Time-In [] Time-Out

Date : _____

Time : _____

Employee's Signature : _____

Approved by: _____

Chief of Office/Authorized Signatory

(For eGHRMIS desk personnel)

Date Received: _____ By: _____

Action Taken: _____ Date: _____ Time: _____

Authorized Signatory: _____



Republic of the Philippines
Provincial Government of Zamboanga del Norte

INDIVIDUAL DTR ADJUSTMENT ENTRY SLIP

Control No. : _____

Office : _____

Employee's Name : _____

ID No. : _____

Reason for missing the biometric : _____

Supporting Document : _____

Complying for : [] Time-In [] Time-Out

Date : _____

Time : _____

Employee's Signature : _____

Approved by: _____

Chief of Office/Authorized Signatory

(For eGHRMIS desk personnel)

Date Received: _____ By: _____

Action Taken: _____ Date: _____ Time: _____

Authorized Signatory: _____