

AGENCY BASED EMPLOYEE CLEARANCE SUB
Form ABECS CEBU EASY GENERAL
EVERLINK

Name: ARDINA WAREN Agency Name: ARDINA WAREN
 Designation: MERCHANDISER Product Line: FAR EAST NOBLE HOUSE INC

This is to certify that _____ is free from any liability, monetary or otherwise, with GAISANO _____ as of the date and time opposite our affixed signatures except those shown in the "REMARKS" column below:

Cleared as to	Signature	Date/Time	Remarks
Department Head/Manager		3-17-18	OK
Purchasing Dept. for Supermarket only		3-17-18	OK
Receiving Dept. for Supermarket only		3-17-18	OK
Treasury Section		3-17-18	OK
Credit & Collection Section		3-17-18	OK
Canteen 1		3-17-18	OK
Canteen 2		03/17/18	OK
Canteen 3		3/17/18	OK
Material and Supply		3/17/18	OK
Personnel Department		3/17/18	OK

This certifies to the best of my knowledge and belief that Personnel name above is free from accountabilities as of close of the office hours on _____, Philippines. Any remaining liabilities have been settled by agreement with GAISANO _____.

Issued in _____, Philippines on (date) MS. KATHRYN GAIL T. GINGOYON _____, 2018

HRD Manager/Personnel Officer

ARDINA, WAREN
MERCHANDISER

CEBU EASY GENERAL
EVERLINK
HUMAN RESOURCE & DEVELOPMENT
F-ERSO-05-00