



## CERTIFICATION

Date: July 29, 2022

This is to **CERTIFY** that I, QUEEN-EVER Y. ATUPAN of the  
(Name of Employee/Accountable Officer)

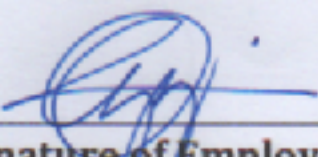
Department/Office of CASH, I am transferring my property

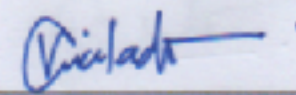
accountabilities to VALERIE C. VALENZONA during  
(Name of Employee/Receiving Accountable Officer)

my SICK LEAVE period from July 04 - 29, 2022.  
(Purpose of Leave) (Inclusive Dates of Leave)

This is to **CERTIFY** further that I will automatically assume my property accountabilities upon my reinstatement to work.

### Conforme:

  
Signature of Employee  
(Accountable Officer)

  
Signature of Employee  
(Accepting Property Accountabilities)

### Noted:

RYSAN C. GUINOCOR  
Department/Office Head

### Approved:

ALICIA M. FLORES  
Head, SPMO