PUBLIC ASSISTANCE DESK OFFICER (PADO)
MONTHLY MONITORING SHEET
LOCATION: _____

DATE	NAME OF PADO	(Please tick appropriate box)				SIGNATURE
		7:30-8:00 AM	8:00-12:00 AM	12:00-1:00 NN	1:00-5:00 PM	

PREPARED BY:

_____
CSA In-Charge

VALIDATED BY:

_____
Supervisor, CR & C Unit

Note: ***Pls. fill-out completely.***
Pls Write your full name and affix full signature.

PM-08-02-F20
Rev. No. 0
Aug 1, 2018