

Employee Signature

Immediate Superior Signature

EARLY OUT CLEARANCE FORM

Employee Name			Date Filed	
ID Number			Immediate Superior/TL	
Account			Dept. Head / OM	
Shift Schedule				
Actual Log In			Requested Log Out	
Reason for Early Out				
Employee		Recommended by:	Approved	Received by HR
Employee Signa	ture	Immediate Superior Signature	Dept. Head / OM Signature	Date, Name & Signature Employee Copy
SIBS Practice. Purpose. Philosophy.		EARLY OUT C	LEARANCE FORM	
Employee Name			Date Filed	
ID Number			Team Leader	
Account			ОМ	
Shift Schedule				
Actual Log In			Requested Log Out	
Reason for Early Out				
Employee		Pocommonded by	Annroyad	Possived by UD
Employee		Recommended by:	Approved	Received by HR

Dept. Head / OM Signature

Date, Name & Signature