

PASS SLIP FORM

HUMAN RESOURCES DEPARTMENT

PASS SLIP FORM

HUMAN RESOURCES DEPARTMENT

ISSUED FOR:	OFFIC	IAL ACTIVITY	PE	RSONAL REA	SONS
TIME OF DEPARTURE FROM THE OFFICE				AM	PM
TIME OF RETURN				AM	PM
OFFICIAL ACTIVITY: (Please specify)					
PERSONAL REASON: (Please specify)					
PREPARED BY					
-		Employee's signatu	ıre over prin	ted name	
ENDORSED BY	DATE:				
ENDONSED DI					
	DATE:	Immediate Superior si	gnature over	printed name	
APPROVED BY					
-		HR Department signa	ature over pi	inted name	
	DATE:				
BMI-FORM-HRD-009					

Biosite MEDICAL INSTRUMENTS

1330ED FOR: OFFICE	IAL ACTIVITY PERSONAL REASONS
TIME OF DEPARTURE FROM THE OFFICE	AM PM
TIME OF RETURN	АМРМ
OFFICIAL ACTIVITY:	(Please specify)
PERSONAL REASON:	: (Please specify)
PREPARED BY	
DATE:	Employee's signature over printed name
ENDORSED BY	
DATE:	Immediate Superior signature over printed name
APPROVED BY	
	HR Department signature over printed name

BMI-FORM-HRD-009



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Ξ	АМ	PM		
	AM	PM		
OFFICIAL ACTIVITY: (Please specify)				
SON:	(Please specify)			
DATE:	Employee's signature over printed name			
In	nmediate Superior signature over printed name			
DATE:	innediate Superior signature over printed name			
	SON:	/ITY: (Please specify) SON: (Please specify) Employee's signature over printed name		

Biosite MEDICAL INSTRUMENTS

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OFFICIAL ACTIVITY:	(Please specify)				
PERSONAL REASON: (Please specify)					
PREPARED BY					
DATE	Employee's signature over printed name				
ENDORSED BY					
DATE	Immediate Superior signature over printed name				
APPROVED BY					
DATE	HR Department signature over printed name :				

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