

ISSUED FOR: ☐ OFFICIAL ACTIVITY ☐ PERSONAL REASONS

TIME OF DEPARTURE FROM THE OFFICE:	<input type="checkbox"/> AM <input type="checkbox"/> PM
TIME OF RETURN:	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> OFFICIAL ACTIVITY (Please specify:) _____ _____ _____	
<input type="checkbox"/> PERSONAL REASON (Please specify:) _____ _____ _____	
REQUESTED BY:	
_____ DATE: <small>Employee signature over printed name</small>	
ENDORSED BY:	
_____ DATE: <small>Immediate Superior signature over printed name</small>	
APPROVED BY:	
_____ DATE: <small>HR Department signature over printed name</small>	

BMI-FORM-HRD-009

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