

PASS SLIP FORM

	HRD DEPARTMENT	
1. ISSUED FOR: A. Official Activity	B. Personal Reasons	
2. To:	Date:	
	<u> </u>	
3. you are hereby Authorized to proceed	ed to:	
For the purpose as Indicated: PLEASE CHECK AP	PROPRIATE PURPOSE:	
A. FOR OFFICIAL ACTIVITY PLEASE		
B. FOR PERSONAL REASON PLEASE SPECIFY:		
4. Time of Departure from Office:	AM PM	
5. Time of Return:	AM PM	
6. Requested By:		
6. Requested By:Employee signa	ture over printed name	
7. Recommending Approval:	mmediate Superior	
"	ninediate Superior	
Approved:		
HR Spe	ecialist	

Biosite MEDICAL INSTRUMENTS	PASS SLIP FORM	
	HRD DEPARTMENT	
1. ISSUED FOR: A. Official Activity	B. Personal Reasons	
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4. Time of Departure from Office:	AM PM	
5. Time of Return:	AM PM	
6. Requested By:		

HR Specialist

Biosite
MEDICAL INSTRUMENTS

BMI-FORM-HRD-005

PASS SLIP

MEDICAL INSTRUMENTS	FORM
	HRD DEPARTMENT
1. ISSUED FOR: A. Official Activity	B. Personal Reasons
2. To:	Date:
	<u></u>
3. you are hereby Authorized to proceed	ed to:
For the purpose as Indicated: PLEASE CHECK API A. FOR OFFICIAL ACTIVITY PLEASE	
B. FOR PERSONAL REASON PLEASE	SPECIFY:
4. Time of Departure from Office: 5. Time of Return:	AM PM AM PM
6. Requested By:Employee signa	ture over printed name
7. Recommending Approval:	nmediate Superior
Approved:	

HR Specialist



BMI-FORM-HRD-005

Approved:

BMI-FORM-HRD-005

Approved:

PASS SLIP

MEDICAL INSTRUMENTS	FORM
	HRD DEPARTMENT
1. ISSUED FOR: A. Official Activity B.	Personal Reasons
2. To: Dat	te:
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A. FOR OFFICIAL ACTIVITY PLEASE SPECIF	FY:
B. FOR PERSONAL REASON PLEASE SPECI	FY:
4. Time of Departure from Office:	AM PM
5. Time of Return:	AM PM
6. Requested By:	er printed name
7. Recommending Approval:	ite Superior
immedia	не зиреног

HR Specialist