

PASS SLIP FORM

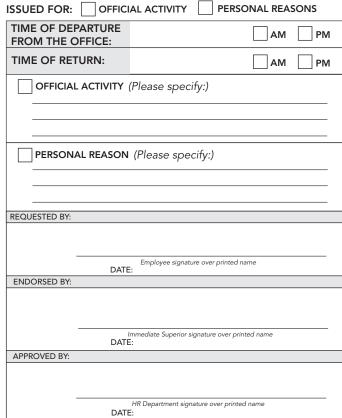
HRD DEPARTMENT



PASS SLIP FORM

HRD DEPARTMENT

ISSUED FOR: OFFIC	IAL ACTIVITY PERSONAL RI	EASONS	ISSUED FOR: [
TIME OF DEPARTURE FROM THE OFFICE:	Al	И РМ	TIME OF DEPA FROM THE OF
TIME OF RETURN:	Al	М РМ	TIME OF RETU
OFFICIAL ACTIVITY	(Please specify:)		OFFICIAL A
PERSONAL REASON	I (Please specify:)		PERSONAL
REQUESTED BY:		_	REQUESTED BY:
DAT	Employee signature over printed name E:		
ENDORSED BY:			ENDORSED BY:
DAT	Immediate Superior signature over printed name E:		
APPROVED BY:			APPROVED BY:
			_
DAT BMI-FORM-HRD-005	HR Department signature over printed name E:		BMI-FORM-HRD-005
DIVII-FORIVI-HKD-003			PIAII-LOKIAI-LIKD-002





PASS SLIP FORM

HRD DEPARTMENT



PASS SLIP FORM

HRD DEPARTMENT

ISSUED FOR: OFFICE	AL ACTIVITY PERSONAL REASONS						
TIME OF DEPARTURE FROM THE OFFICE:							
TIME OF RETURN:	AMPM						
OFFICIAL ACTIVITY (Please specify:)							
PERSONAL REASON	(Please specify:)						
REQUESTED BY:							
REQUESTED BT:							
	Employee signature over printed name						
DATE ENDORSED BY:	Employee signature over printed name ::						
DATE	Immediate Superior signature over printed name E:						
APPROVED BY:							
DATE	HR Department signature over printed name						

ISSUED FOR:	OFFICI	AL ACTIVITY	P	ERSONAL	REAS	ONS
TIME OF DEPARTURE FROM THE OFFICE:					ΔM	PM
TIME OF RETURN:					ΔM	PM
OFFICIAL	ACTIVITY (Please spec	ify:)			
PERSONA	L REASON	(Please spe	cify:)			
REQUESTED BY:						
-	DATE	Employee signati	ure over pri	nted name		
ENDORSED BY:	5,2					
	DATE	mmediate Superior s :	ignature ov	er printed name		
APPROVED BY:						
	DΔTF	HR Department sign	ature over	printed name		

BMI-FORM-HRD-005