

PASS SLIP FORM

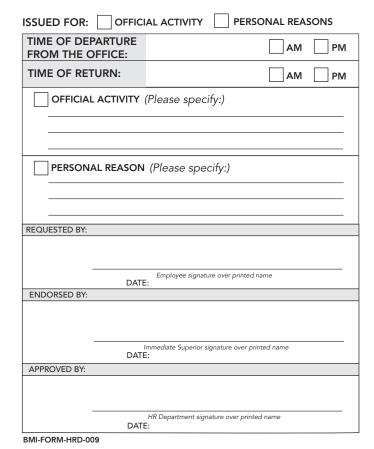
HRD DEPARTMENT



PASS SLIP FORM

HRD DEPARTMENT

ISSUED FOR: OF	FICIAL ACTIVITY	PERSONAL REA	SONS
TIME OF DEPARTUR FROM THE OFFICE:	RE	МА	PM
TIME OF RETURN:		AM	PM
OFFICIAL ACTIVI	TY (Please spec	ify:)	
PERSONAL REAS	ON (Please spe	cify:)	
REQUESTED BY:			_
	Employee signati	ure over printed name	
ENDORSED BY:			
	Immediate Superior s	ignature over printed name	
APPROVED BY:	JAIL.		
	HR Department sigr	ature over printed name	
BMI-FORM-HRD-009			





PASS SLIP FORM

HRD DEPARTMENT



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HRD DEPARTMENT

ISSUED FOR:	OFFICI <i>E</i>	AL ACTIVITY PERSONAL F	REAS	SONS
TIME OF DEP			λM	РМ
TIME OF RET	URN:		MA	РМ
OFFICIAL	ACTIVITY (Please specify:)		
PERSONA	L REASON	(Please specify:)		
REQUESTED BY:				
_	DATE:	Employee signature over printed name		
ENDORSED BY:				
-	DATE:	nmediate Superior signature over printed name		
APPROVED BY:				
_	DATE:	HR Department signature over printed name :		

ISSUED FOR:	OFFICI	AL ACTIVITY	PER	SONAL REA	SONS
TIME OF DEF				МА	PM
TIME OF RET	URN:			АМ	PM
OFFICIAL	. ACTIVITY	(Please spec	ify:)		
PERSONAL REASON (Please specify:)					
REQUESTED BY:					
REGOESTED BT.					
		Employee signat	ure over printe	d name	
ENDORSED BY:	DATE	:			
ENDORSED B1.					
	DATE	mmediate Superior :	signature over p	orinted name	
APPROVED BY:					
	DATE	HR Department sign	nature over prir	nted name	

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