QM BUILDERS

Department: **HUMAN RESOURCE**

Form Title: **EMPLOYEE GATE PASS**

NAME: _____ DATE: _____

DEPT.: _____ SECTION: _____

PURPOSE:

☐ OFFICIAL BUSINESS ITINERARY: _____

☐ PERSONAL TIME OUT: _____ AM

_____ PM

WILL RETURN TO THE OFFICE? TIME IN: _____ AM

☐ YES _____ PM

☐ NO

APPROVED BY: _____ ATTESTED BY: _____

DEPT. HEAD GUARD ON DUTY

HRD.FL45.00(8/19)

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