



Schlemmer
One Group. One Spirit.

Permission

I undersigned in here

Name :

NIK :

Position :

Department :

Hereby submit a permit to :

☐ Late to Work Time :

☐ Sick (Yes / No Doctor's Letter)

☐ Home Early Time :

☐ Finger Print Error (In / Out) Time :

☐ Another Cause Time :

On days and date

Reason

Company Assets Carried

Security Sign

Acknowledge, Person in charge, Superior, Employee

Security HR; Department Head

Date : Date : Date : Date :