



**INDIVIDUAL PASS SLIP
For OFFICIAL BUSINESS**

Printed Name of Employee _____ Date _____

Permission is hereby requested to leave the Office premises during Office hours.

From _____ to _____
Intended time of departure Intended time of arrival

Purpose (Optional): _____
_____.

Signature of Employee

Approved by:

(Head of Office/Authorized Representative)

Actual time of departure: _____
Actual time of return: _____ Guard on Duty: _____



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