

# MABALACAT CITY COLLEGE

Dolores, Mabalacat City, Pampanga

Form No. 18

## PASS SLIP

Name of Employee \_\_\_\_\_

Date : \_\_\_\_\_

Permission to leave the office premises during office hours:

Purpose:  Official  Personal

Reason : \_\_\_\_\_

Destination: \_\_\_\_\_

Expected time of Departure : \_\_\_\_\_

Arrival : \_\_\_\_\_

Approved: \_\_\_\_\_

Signature of Employee

\_\_\_\_\_  
Immediate Supervisor

|                            | Time  | Signature of guard on duty |
|----------------------------|-------|----------------------------|
| Actual time of departure : | _____ | _____                      |
| Actual time of arrival :   | _____ | _____                      |

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