Employee Exit Pass

Format No.   Rev. No.   Rev. Date.

Date:………………………….   Employee ID: …………………………………..

Employee Name: ………………………………………………………………………………………

Designation:……………………………   Department:………………………………………

Reason: …………………………………………………………………………………………………

………

………

[   ] Return   [   ] No Return

Time out:………………………………   Time in:……………………………………………

    Authorized by   Approved by
    (Department Head)   (Manager)
………………………………   ………………………………

For Human Resources only

Employee Exit pass Received by:…………………………………. Time/date:……………………………………………

Receiver Sign:……………………………………………………………