

PASS OUT



Pass out type : ☐ AA - Authorised Absence
☐ AS/HS - Authorised Absence Sick / Home Sick
☐ CB - Company Business

The following employee(s) require(s) to leave the premises:-

Name(s): _____ Clock No(s): _____

Dept(s): _____ Reason: _____

Signed (O.H./1ST Aider - AS/HS only): _____

Signed (Dept. Supervisor): _____ Date Authorised : _____

Authorised Departure : YES / NO Accruing Time : YES / NO

DATE LEFT PREMISES : _____ Time Out : ____:____ Time In : _____

N.B. IF YOU DO NOT ATTEND WORK FOLLOWING BEING SENT HOME SICK,
YOU MUST TELEPHONE YOUR MANAGER AND REPORT YOUR ABSENCE.



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