

OB PASS/ EMERGENCY PASS



Date: _____



OB PASS/ EMERGENCY PASS



Date:	 	

THIS IS TO AUTHORIZE	E/ALLOW:	
NAME	POSIT	ION/OFFICE
PURPOSE:		
PLACE :		
TIME OF DEPARTURE	:	
EXPECTED TIME OF RE	ETURN:	
_	(Signature of Reque	esting Employee)
	(Signature of	Head of Office)
OB/Emergency Pass Received by:		
(Securi	ity Officer/Guard)	Date & Time Received

THIS IS TO AU	THORIZE/ALLOW:		
NAME	POSITION/OFFICE		
PURPOSE:			
PLACE :			
TIME OF DEPA	ARTURE :		
EXPECTED TIM	ME OF RETURN:		
	(Signature of Requesting Employee)		
	(Signature of Head of Office)		
OB/Emergency Received by:	y Pass		
 -	(Security Officer/Guard) Date & Time Received		

DOCUMENT CONTROL NO: PPSC/EP-2016, REV O

DOCUMENT CONTROL NO: PPSC/EP-2016, REV O