



**OB PASS/ EMERGENCY PASS**



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

**THIS IS TO AUTHORIZE/ALLOW:**

**NAME** \_\_\_\_\_ **POSITION/OFFICE** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**PLACE :** \_\_\_\_\_

**TIME OF DEPARTURE :** \_\_\_\_\_

**EXPECTED TIME OF RETURN:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Requesting Employee)

\_\_\_\_\_  
(Signature of Head of Office)

OB/Emergency Pass

Received by:

\_\_\_\_\_  
(Security Officer/Guard)

\_\_\_\_\_  
Date & Time Received



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