



Date

Mo / dd / year

Permit Slip Number: _____

PERMIT SLIP

The Chief

Sir/Madam :

I have the honor to request permission to leave the hospital for _____ hour(s) and _____ minute(s)
from _____ to _____ on _____.

() Official Business Reason: _____

Office to transact with: _____

Address / Location: _____

() Personal Transaction _____

Very truly yours,

Permission granted:

Signature Over Printed Name

Position

Signature Over Printed Name

Position

NOTE : This **PERMIT SLIP** shall be submitted to the HRDD upon approval/return to work in case of Official Business
AM Absence means **TARDINESS**. (No need to accomplish this form.)
PM Absence means **UNDERTIME**. (Permit Slip is required.)



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