

TEMPORARY PASS

(For construction works less than one 1 month)

To _____ Date _____
 Resident's Name : _____ Work Duration (No. of days) : _____
 Address : _____ From: _____ To: _____

SCOPE OF WORK/S: _____

This is to request the issuance of temporary pass/es to the following worker/s.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Initials of Guard-On-Duty:

Note:

- Temporary Pass is issued for a maximum of one(1) month (30/31 days).
- Requirements:**
 - Accomplished ID Application Form
 - 1x1 ID Picture
 - Police Clearance
- Guard-On-Duty shall check boxes upon entry of worker/s on designated day (s).

Resident/Authorized Representative

VA/ VE/ Engineer