

WORK COMMUTE PERMIT FOR EMPLOYEES

The Employee _____
employed at _____
with ID or passport number _____

is essential that they commute within the boundaries of the Region

for work-related reasons for:

- [] the same company/establishment
[] a different company/establishment:

Company/Establishment Name: _____

Manager's Full Name: _____

Manager's Tel. Number: _____

Within the time frame:

_____ am and _____ pm

_____ am and _____ pm

The employee will be identified by producing their ID or passport.

Signature



HELLENIC REPUBLIC
Ministry of Citizen Protection



**GENERAL SECRETARIAT
FOR CIVIL PROTECTION**