Reynolds | protection

ARRIVAL / DEPARTURE SHEET

NAME:_____

DATE	TIME IN	TIME OUT	LOCATION / NAME OF POST	PERSON VERIFYING YOUR TIME

VERIFYING TIME SIGNER **MUST** BE YOUR REYNOLDS PROTECTION CO-WORKER.
IF THERE IS NO CO-WORKER THERE TO SIGN, SIGNATURE MUST COME FROM THAT LOCATION'S OWNER, SUPERVISOR OR MANAGER.