

FICHA DE APONTAMENTO INDIVIDUAL

Empresa: FUNDO MUN DE SAÚDE DO CABO DE SANTO AGOSTINHO

Funcionário: **Anna Angelica De Souza Carvalho Rodrigues**

Função:

Horário:

Departamento:

Período: 01/06/2026 A 30/06/2026

CTPS:

SÉRIE:

D/M ENTRADA	INTERVALO	SAÍDA	ASSINATURA DO FUNCIONÁRIO
01/06	__ : __ __ : __ as	__ : __	
02/06	__ : __ __ : __ as	__ : __	
03/06	__ : __ __ : __ as	__ : __	
04/06	__ : __ __ : __ as	__ : __	
05/06	__ : __ __ : __ as	__ : __	
06/06	__ : __ __ : __ as	__ : __	<u>SABADO</u>
07/06	__ : __ __ : __ as	__ : __	<u>DOMINGO</u>
08/06	__ : __ __ : __ as	__ : __	
09/06	__ : __ __ : __ as	__ : __	
10/06	__ : __ __ : __ as	__ : __	
11/06	__ : __ __ : __ as	__ : __	
12/06	__ : __ __ : __ as	__ : __	
13/06	__ : __ __ : __ as	__ : __	<u>SABADO</u>
14/06	__ : __ __ : __ as	__ : __	<u>DOMINGO</u>
15/06	__ : __ __ : __ as	__ : __	
16/06	__ : __ __ : __ as	__ : __	
17/06	__ : __ __ : __ as	__ : __	
18/06	__ : __ __ : __ as	__ : __	
19/06	__ : __ __ : __ as	__ : __	
20/06	__ : __ __ : __ as	__ : __	<u>SABADO</u>
21/06	__ : __ __ : __ as	__ : __	<u>DOMINGO</u>
22/06	__ : __ __ : __ as	__ : __	
23/06	__ : __ __ : __ as	__ : __	
24/06	__ : __ __ : __ as	__ : __	
25/06	__ : __ __ : __ as	__ : __	
26/06	__ : __ __ : __ as	__ : __	
27/06	__ : __ __ : __ as	__ : __	<u>SABADO</u>
28/06	__ : __ __ : __ as	__ : __	<u>DOMINGO</u>
29/06	__ : __ __ : __ as	__ : __	
30/06	__ : __ __ : __ as	__ : __	

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Assinatura do Supervisor

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Assinatura do Empregado