

FICHA DE APONTAMENTO INDIVIDUAL

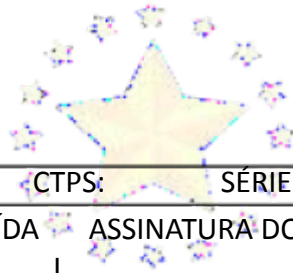
Empresa: FUNDO MUN DE SAÚDE DO CABO DE SANTO AGOSTINHO

Funcionário: **Elisa Peri Azevedo**

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