

# FICHA DE APONTAMENTO INDIVIDUAL

Empresa: FUNDO MUN DE SAÚDE DO CABO DE SANTO AGOSTINHO

Funcionário: Fabio Wellinson Barbosa De Farias

Função:

Horário:

Departamento:

Período: 01/10/2026 A 31/10/2026

CTPS:

SÉRIE:

| D/M ENTRADA | INTERVALO          | SAÍDA   | ASSINATURA DO FUNCIONÁRIO |
|-------------|--------------------|---------|---------------------------|
| 01/10       | __ : __ as __ : __ | __ : __ |                           |
| 02/10       | __ : __ as __ : __ | __ : __ |                           |
| 03/10       | __ : __ as __ : __ | __ : __ | SABADO                    |
| 04/10       | __ : __ as __ : __ | __ : __ | DOMINGO                   |
| 05/10       | __ : __ as __ : __ | __ : __ |                           |
| 06/10       | __ : __ as __ : __ | __ : __ |                           |
| 07/10       | __ : __ as __ : __ | __ : __ |                           |
| 08/10       | __ : __ as __ : __ | __ : __ |                           |
| 09/10       | __ : __ as __ : __ | __ : __ |                           |
| 10/10       | __ : __ as __ : __ | __ : __ | SABADO                    |
| 11/10       | __ : __ as __ : __ | __ : __ | DOMINGO                   |
| 12/10       | __ : __ as __ : __ | __ : __ |                           |
| 13/10       | __ : __ as __ : __ | __ : __ |                           |
| 14/10       | __ : __ as __ : __ | __ : __ |                           |
| 15/10       | __ : __ as __ : __ | __ : __ |                           |
| 16/10       | __ : __ as __ : __ | __ : __ |                           |
| 17/10       | __ : __ as __ : __ | __ : __ | SABADO                    |
| 18/10       | __ : __ as __ : __ | __ : __ | DOMINGO                   |
| 19/10       | __ : __ as __ : __ | __ : __ |                           |
| 20/10       | __ : __ as __ : __ | __ : __ |                           |
| 21/10       | __ : __ as __ : __ | __ : __ |                           |
| 22/10       | __ : __ as __ : __ | __ : __ |                           |
| 23/10       | __ : __ as __ : __ | __ : __ |                           |
| 24/10       | __ : __ as __ : __ | __ : __ | SABADO                    |
| 25/10       | __ : __ as __ : __ | __ : __ | DOMINGO                   |
| 26/10       | __ : __ as __ : __ | __ : __ |                           |
| 27/10       | __ : __ as __ : __ | __ : __ |                           |
| 28/10       | __ : __ as __ : __ | __ : __ |                           |
| 29/10       | __ : __ as __ : __ | __ : __ |                           |
| 30/10       | __ : __ as __ : __ | __ : __ |                           |
| 31/10       | __ : __ as __ : __ | __ : __ | SABADO                    |

Assinatura do Supervisor

Assinatura do Empregado