

FICHA DE APONTAMENTO INDIVIDUAL

Empresa: FUNDO MUN DE SAÚDE DO CABO DE SANTO AGOSTINHO

Funcionário: Larissa Camila Jacobina Oliveira

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