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|  | **（殘疾人士院舍名稱）** |
| **員工值勤紀錄** | |

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| 日期： |  | 年 |  | 月 |  | 日 | （星期　　） |

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| **姓名** | **實際上班 時間**  （如：上／下午 X時X分） | **員工簽名** | **實際下班 時間**  （如：上／下午 X時X分） | **員工簽名** | **備註**  （如：替假或  外出工作） |
| **主管** | | | | | |
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| **護士** | | | | | |
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| **保健員** | | | | | |
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| **護理員** | | | | | |
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| **助理員或其他職級（請註明職位）** | | | | | |
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**（如有需要，請另紙書寫）**

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| **主管核實及簽署** | **主管姓名** | **日期** |
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