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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 日期： |  | 年 |  | 月 |  | 日 | （星期　　） |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |
| **護士** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **保健員** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **護理員** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **助理員或其他職級（請註明職位）** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**（如有需要，請另紙書寫）**

|  |  |  |
| --- | --- | --- |
| **主管核實及簽署** | **主管姓名** | **日期** |
|  |  |  |