



# OLJABET HOSPITAL

## STAFF DAILY REPORT

NAME:.....ID.....

DEPARTMENT:.....

TEL:.....SIGN.....

DAY	WORK DONE
TUESDAY	
DATE:..... SIGN:.....	
WEDNESDAY	
DATE:..... SIGN:.....	
THURSDAY	
DATE:..... SIGN:.....	
FRIDAY	
DATE:..... SIGN:.....	

DAY	WORK DONE
SATURDAY	
DATE:..... SIGN:.....	
SUNDAY	
DATE:..... SIGN:.....	
MONDAY	
DATE:..... SIGN:.....	

NB: Day work or night work not completed is payable half a day/night!

DAY	WORK DONE
TUESDAY          DATE:..... SIGN:.....	
WEDNESDAY          DATE:..... SIGN:.....	
THURSDAY          DATE:..... SIGN:.....	
FRIDAY          DATE:..... SIGN:.....	

NAME:.....ID.....

DEPARTMENT:.....

TEL:.....SIGN.....

DAY	WORK DONE
SATURDAY          DATE:..... SIGN:.....	
SUNDAY          DATE:..... SIGN:.....	
MONDAY          DATE:..... SIGN:.....	

NB: Day work or night work not completed is payable half a day/night!