



# OLJABET HOSPITAL

## STAFF DAILY REPORT

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

DEPARTMENT:.....

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

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

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

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

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

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

DEPARTMENT:.....

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

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

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