



# 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!

Administrators Authentication: .....

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:.....	

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