

# **FLOUR MILLS OF NIGERIA PLC**

## **HUMAN RESOURCES DIVISION**

### **CLINIC ATTENDANCE (FOR STAFF USE ONLY)**

To: Clinic Service Manager

Date: \_\_\_\_\_

Please attend to the Bearer: \_\_\_\_\_ TN: \_\_\_\_\_ of \_\_\_\_\_ Dept

\_\_\_\_\_  
**SIGNATURE OF HEAD OF SECTION**

\_\_\_\_\_  
**NAME IN FULL (PRINT)**

Time: \_\_\_\_\_ a.m/p.m

To: Human Resources Director  
Thro' Time Office

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The Bearer: \_\_\_\_\_ TN: \_\_\_\_\_ of \_\_\_\_\_ Dept. has been treated and instructed as stated hereunder:

- (a) To report to work immediately
  - (b) To report back at the Clinic \_\_\_\_\_ hours.
  - (c ) To report daily for \_\_\_\_\_ days
  - (d) Referred to the Doctor for further treatment
  - (e) Sent home by me for \_\_\_\_\_ days
  - (f ) He/She was not available when it was his/her turn to see the Doctor/be treated
- (Tick those applicable)

Time reported: \_\_\_\_\_ a.m/p.m

Time left: \_\_\_\_\_ a.m/p.m

Date: \_\_\_\_\_ a.m/p.m

\_\_\_\_\_  
**MANAGER-CLINIC SERVICES / DOCTOR**

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To: Human Resources Director  
Thro' Time Office

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- (Tick those applicable)

Time reported: \_\_\_\_\_ a.m/p.m

Time left: \_\_\_\_\_ a.m/p.m

Date: \_\_\_\_\_ a.m/p.m

\_\_\_\_\_  
**MANAGER-CLINIC SERVICES / DOCTOR**