

One-week attendance check-in form

Attendance: Hui Ling

Date: Day to Month, 2019

NO.	Name	Mon		Tue		Wed		Thu		Fri		Overtime Registration Form							Note
		✓	○	✓	○	✓	○	✓	○	✓	○	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	Name	✓	○	✓	○	✓	○	✓		✓									
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Department Manager Sign:

Note: Please fill in the time in the "to the post" and "off-duty" column, please indicate the place to go, overtime to state the time and the cause.